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ANATOMY AND PHYSIOLOGY.

INTRODUCTORY LECTURE

DELIVERED BY

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AT

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GENTLEMEN:—On entering upon the duties of another session, I had intended to go at once to the proper business of the course of lectures which I am about to deliver; but the late period of the week at which the session commences, affords me a convenient opportunity to offer a few introductory remarks, not as a general introduction to the course of instruction about to be opened in this school, but remarks which shall be applicable to the immediate subject of the course. The nature and objects of anatomy and physiology are the subjects which will more especially occupy our attention, and the relation of these to other branches of medical science.

These remarks are intended for those gentlemen whom I have the honour to address for the first time, at least for those of them who are only entering upon the commencement of their studies.

Gentlemen, the human body presents itself to us in two very different conditions, that of life and that of death. In the living state it is the scene of certain actions or processes, which tend to maintain our existence, or accomplish the ends of our being. Thus, for example, we breathe the external air, we take nourishment, we are conscious of the presence of external objects, and we are enabled to move about from place to place. Such actions as these constitute the functions of the body. In the dead state these phenomena have disappeared; these actions have stopped, and nothing remains for our examination but an assemblage of parts, curiously constructed, and admirably contrived, by means of which these different processes and actions have been performed.

Now, it is the business of anatomy and physiology to investigate these parts, and to examine these functions. All that relates to the organisation, the structure of the body, belongs to *anatomy*; the several processes which take place in the living body come under the province of *physiology*. Thus, anatomy treats of structure, physiology of function. To take an easy example. When we examine the external conformation of one of the most important organs in the body, the heart; when we consider its external form, or the configuration of the various cavities which are contained within it, the nature of the tissue of which it is made up, its situation, and its relative connection with other parts in the vicinity of which it is placed, we are engaged in the study of anatomy. But when, on the other hand, we consider its incessant motion, the mechanism by which it propels the blood in a ceaseless and perpetual circle, or the remarkable properties on which motion depends, then the inquiry belongs to physiology.

But let no one hastily imagine that physiology is confined to a mere investigation of the functions of particular organs, on searching after their use; let no one suppose that the duties of the physiologist have ceased when he has once ascertained the use of any organ. This would be to take up a very erroneous, or, at all events, a very limited notion of physiology. So far from this, it is the business of physiologists to search after those general principles to which these individual instances are subordinate; not to content themselves with saying, that the heart propels the blood, but to consider what are the causes of the motions of the heart; and in this inquiry you will find that its motion depends on certain properties which are inherent in muscular tissue, named muscular contractility, or irritability. On pursuing the inquiry further, it will be found that this quality is not confined to the heart, but exists in other muscular parts of the body. The student must consider the condition on which this general property of irritability is exerted; the various circumstances which modify it; how it is exhausted by too frequent repetition; how, again, it is renewed by quiescence; the effects of various external agents when applied to it, stimulating, or sedative, and so on. In order to acquire the

dignity of a science, physiology must rise from particulars to generals, because, like all other sciences of induction, its great aim is generalisation; and then, having obtained a knowledge of these general principles, the cultivator of the science is led to an explanation of the particular phenomena, and to range them together, in order to render them more intelligible. This, therefore, is the great aim of the physiologist to investigate the functions of the body; not merely to consider a certain number of detached facts as mere details, but rationally to connect them with each other.

Now, the inquiries of anatomy and physiology are not confined to man alone, although, no doubt, the body of man is by far the most important object to which the anatomist can direct his attention. Anatomy and physiology, in the senses in which I have now explained them, extend to the investigation of all living beings—to plants as well as animals. Hence the science of the anatomy of plants, or vegetable anatomy, and the anatomy of animals, which is often named *zootomy*. But the anatomy of animals, as distinguished from that of man, is designated by the name of *comparative anatomy*, on account of the means of comparison which it affords between the organisation of man and that of the lower animals. It is not my duty to teach you comparative anatomy, but I shall have frequent occasion to refer to it in illustration of my own subjects; for I may here explain to the young student, that comparative anatomy yields a flood of light with regard to the *human* structure, and still more in relation to the human functions. In fact, physiology, without comparative anatomy, would have no existence, so far as I have occasion to introduce the latter I shall explain it: but in order to study comparative anatomy thoroughly, you must study it for its own intrinsic value, and then you will find it one of the most interesting and useful pursuits in which you can engage.

I have now to call your attention to another distinction which has been established in anatomy. On pursuing his inquiries into the structure of the body, the anatomist soon finds, that however diversified its several parts may be, however varied its different organs, yet that these are, in reality, made up of a comparatively small number of materials. For example, to return to our former illustration, the heart is composed of muscular fibres; but these are not confined to the heart alone. You are also aware that the heart is inclosed in a membrane which is similar to the membranes that are found in other parts of the body; that it is provided with blood-vessels, and absorbents, and nerves similar to those which exist, if not in all, yet in a great many other parts of the human frame. Now it is quite obvious that we might conduct our inquiry with one of two objects. We might either consider the external form and arrangement of the different parts of the heart, or the nature of the materials of which it is made up. To take a homely example: in considering this building, we might either direct our attention to the various apartments which it contains, with a view to ascertain its minute dimensions and its various arrangements, or we might consider merely the materials of which it is made up—the brick, the mortar, the wood, &c. The anatomist divides his inquiries in precisely the same way.

There is a species of anatomy which is named *descriptive* anatomy—one that relates to the external forms of parts, their connection, and so on. Again, the textures of each part are made up of something that is not confined to particular organs, but is spread generally over the body, or is common to many organs; and this has been termed *general* anatomy. I do not mean to say that these are the best or most appropriate terms that could be employed, but they have been in use ever since the time of the illustrious Bichat, whose genius and labours tended so much to advance the study of anatomy. They have, consequently, become consecrated by usage, and we continue to employ them. To make this plain to the youngest pupil, I take this bone (the femur). Were I giving its descriptive anatomy, I should consider the part of the skeleton to which it belongs; the bones with which it is connected above and below, and its form; I should examine what it consisted of; the shaft, the body, the two extremities; and then the various eminences or processes, the depressions or holes, which are to be found upon or in it. Such an inquiry as this would embrace its *descriptive* anatomy. The same mode, of course, will apply to every bone in the body. But in studying the *general* anatomy of a bone, we have a totally different purpose in view. It is a matter of indifference whether we take the thigh bone or a piece of the skull; the same texture is common to all bones; it is something general. We should examine the internal structure, and find that it consisted of two substances; one more solid and compact, the other open and spongy. We should farther examine it with a microscope, to detect its minute structure; and, not content with that, we should search into its chemical composition, and then find, on burning it, that a quantity of earthy-looking substance remained behind; on removing which, by means of acid, a soft matter would be left. In this way we should find its constituents, and ascertain that it consisted of different salts, carbonate and phosphate of lime, and so on. Thus we should learn the common structure of all bones, and in so doing we should be studying general anatomy.

As to the extent to which these matters will be mentioned in these lectures, I may mention that the greater part of the course

will consist of human anatomy; the rest, of physiology. Under human anatomy I shall include the anatomy of the textures, or general anatomy, which will occupy a large space, commencing with an examination of the different tissues of which the body is composed. I shall also include the anatomy of the different internal organs—the alimentary and the digestive systems; the secretive, the respiratory and the circulatory organs, the heart, the brain, the organs of sense, and so on. You will understand best what will be included in this course, by my mentioning what is excluded from it. I shall not, for example, occupy your time by going over the descriptive anatomy of the general system. For example, I shall not describe each particular bone, nor the joints, nor the muscles, nor the special anatomy of the blood-vessels, nor of all the nerves. These subjects will be discussed thoroughly, and more accurately, by my colleague, Mr. Quain, not, however, that he will neglect all the other points; for there are some matters which are common to us both, and you will find it no disadvantage that they should be thus treated. While I shall not neglect position, connection, and external form, I shall devote my attention more particularly to minute structure, and the history of development in the fœtus; whereas, Mr. Quain, while he will not neglect internal structure, he will direct your attention more especially to external form and connection, with a view to surgical operations, and so on.

As to physiology, I shall include the whole of that in this course, with one exception—the mechanism of the movements of the body; for we find it more suitable to consider this in connexion with the muscles. It tends to relieve the description of the muscles, which is otherwise a very tedious part of anatomy, and to render the anatomical description of the muscles of the back more instructive. All I shall say in favour of such an arrangement is this, that the experience of several years has confirmed its advantages; and this is perhaps the best argument in its favour that can be adduced.

I believe that I might safely trust that an ingenious and unprejudiced mind would take right views of the utility of the subjects on which I am about to enter, as applied to medical science and practice. Even those who are as yet ignorant of them would believe,—seeing that anatomy and physiology are made important branches of medical education,—that there was some good reason for it; and in process of time, as they become better acquainted with these topics, they will see their bearing on the duties of the practical physician. But unfortunately we are not left to our own views on this matter; but we meet with adversaries on every hand whose opinions thereon are very discordant, and whose advice to us is often very opposing. On this account I think it right to say a few words on the subject in the present lecture.

There are some who tell you that it is desirable to study anatomy and physiology with all manner of diligence, as extremely useful to the medical practitioner. There are others who say that these are sciences which are not available in *practice*, and that there is no occasion to devote to them much attention. Such advice, as you will at once see, is, to say the least of it, calculated to damp the ardour of the diligent and zealous student, and to afford a very ready excuse to the indolent for neglecting them. Most persons are agreed as to the utility of anatomy,—indeed its absolute necessity to the surgeon, in enabling him, in warranting him, indeed, to perform important surgical operations, is self-evident. But while all are disposed to admit this latter fact, many persons would dissuade the student from the systematic study of *the whole* of medicine. We are told, for instance, that there is great risk of spending too much time in the dissecting-room; that there is great danger of anatomy distracting the mind from more important practical pursuits, &c. Now such advice as this is calculated to bewilder the student, as to the grounds upon which he devotes himself to study; and I think it has all arisen from taking a wrong view of the relations of different parts of medicine to each other. In its infancy it was a maxim that the object of medicine was to preserve health, and to cure or alleviate disease by means of remedies. It is obvious that those who then practised medicine must, in a great measure, have been guided in the use of remedies, by knowing that they had been useful, under like circumstances, before—a sort of blind empiricism; excepting, so far as the practitioners were guided by superstitious views. Thus, for example, when they found a person labouring under pain of the side, with disordered respiration and a feverish pulse, they would remember that, under similar circumstances before, bleeding had been useful, and so they would practice blood-letting again. But this state of things could not long last; it was incompatible with the constitution of the human mind, and its tendency to look into causes, and the reasons of the phenomena that are presented to it. The attention of physicians, if so we may call them, in the early stages of the profession, must have been directed to inquiries as to the nature of the organs affected—what, for instance, were the organs of respiration, and what the nature of the blood, the withdrawal of which seemed to give relief? Thus we very soon had the division of medicine into two parts—into science and art; in short, into principles and practice.

Now this is the present state of our profession; it consists both of a scientific study and a practical art; and it is from inattention to the bearing of anatomy and physio-

logy upon these two different parts of medicine, that the erroneous opinions and conflicting advices which I have mentioned, arise. For while a limited knowledge of anatomy and physiology may be all that is directly applicable to practice, yet this is by no means sufficient for a scientific study of the profession. In order to appreciate the truths of science, still more, in order to contribute to its advancement, it is necessary to engage in the systematic study of the whole of anatomy and physiology. All will allow, that the surgeon requires to know the anatomy of the parts which are concerned in capital operations, in lithotomy, in hernia, in securing large vessels; and all surgeons are quite ready to attend to it. But there are parts of the body, for instance, the roots of the nerves springing from the spinal cord, which are not likely to become the subjects of surgical operation. It may be contended, however, that as these do not fall under the knife of the surgeon, that he may neglect their study. But while this is true, with regard to operative practice, it is by no means true as connected with its scientific study, because some of the most important discoveries have arisen from a knowledge of the roots of the nerves. You cannot understand the German doctrine respecting the sensor and motor power of the nerves—one of the most important and recent doctrines of medicine, and one of the most happy in its application to pathology, without an acquaintance with the anatomical facts on which it is in a great measure founded. The same argument applies to many other branches of knowledge. We all know that astronomy is made available to the study of navigation; and that the scientific astronomer presents a few simple formulæ, by means of which the different processes in navigation can be accomplished. A mariner can calculate the latitude and longitude by various rules that are presented to him by the astronomer. Now the amount of knowledge requisite to these practical operations, is incomparably smaller than that which is required for the scientific study of astronomy, for the construction of such rules, and the deduction of such formulæ. Again, the amount of knowledge that is necessary to the merchant to enable him to conduct his commercial transactions is comparatively small, and very different from that which is required by the accomplished mathematician. I think I perceive some one reflecting that this is precisely the argument which has been used to dissuade us from the scientific study of anatomy. We are told that we need not trouble ourselves about the philosophy of the profession; that we can leave that to others who have more leisure, and content ourselves with practical views; that we can stand in the place of the mariner and the merchant, and conduct our operations with a moderate share of knowledge. This argument is often used; but the example I have given fully illustrates the truth of what I said before, because there is a wide difference between the practice of medicine and those pursuits to which I allude. Astronomy has, indeed, comparatively, attained perfection; all the processes in that science are conducted with unerring precision; and when the rule is once laid down, it could be applied just as accurately, and with as much certainty, by a sailor, as by Sir Isaac Newton. It is very different with regard to medicine. Medical science is not yet perfect, and, therefore, we cannot lay down in practice rules which may be applied with unerring certainty in every instance. Wherever a new case presents itself it becomes a new study, and recourse must be had, in its consideration, to principles which have already been learned. You must reason on it; and, what is more, gentlemen, you *will* do so. The chief point is, to reason correctly. I may here quote the authority of Dr. Cullen, where he says that many persons condemn what is usually termed *theory;* and use the term in a disparaging sense, as contradistinguished from what they please to term *facts*. But it has been justly remarked, by a distinguished modern philosopher, that there is no distinction between theory and ascertained fact. Dr. Cullen, than whom I can scarcely adduce a more competent authority, observes, that at the very time we are told that it is idle to theorise, every physician must regard each new case as a subject of theory. He will speculate on it; he must do so; speculation is involuntary on such occasions. It arises from the constitution of the mind; it cannot be avoided. The great object is to theorise correctly, on proper principles.

There is another reason for the full and scientific study of those fundamental branches of medicine—anatomy and physiology; or, rather, the elementary branches. It is only thus that we can lay down a basis for future improvement. To furnish an example. When I studied anatomy and physiology, it might have been objected to precisely on the grounds to which I have alluded. It might have been alleged, that there was no need to attend as an anatomist, in any shape, to the phenomena presented by the heart in the living body; that, at all events, it was idle to study the phenomena of its sounds, and the mode of their succession. But since that time those sounds have become, through the medium of the stethoscope, the means of obtaining the most important information respecting both the healthy and the diseased condition of that organ. If, acting on a narrow spirit, it had, before auscultation was discovered, been deemed useless to attend to this subject, that great improvement in medicine would not have been attained. Always keep in view that in medicine there

is an elementary as well as a practical study.

But I think I hear the student remark, that he finds a difficulty in determining how to proceed with his studies; for he is told to spend his time upon practical matters, and that he must mix up the elementary branches with the study of their practical application. But I would advise him to make up his mind to devote his attention, in the first instance, to elementary subjects—to anatomy, physiology, chemistry, materia medica, and so on; and to defer his practical studies to a future stage, when he will be better prepared to enter upon them. I wish not to be misunderstood. I would not recommend him to neglect the practical application of those subjects, when opportunities occur for it. Indeed, it will be my duty occasionally to point out the practical applications of anatomy and physiology, though it is not my business to teach medicine and surgery; for, generally speaking, we must not mix up practical and elementary branches together, since this would vitiate the effects of both. Moreover, let me not be misunderstood in another sense. I think it is well for a student, before he attends lectures on the practice of medicine and surgery, occasionally to witness some parts of the practice of a hospital, and acquire some personal familiarity with the objects which are to be spoken of in the lectures. For instance, he should know what an ulcer is, as regards its external appearance; he should know a quick pulse, a furred tongue, and so on; for these things will be spoken of by his instructors, and it is well to have seen them. I, therefore, by no means deprecate, but rather commend, the occasional frequenting of the hospital; but let not the cases be made, at present, the principal object of study; and in reading, let his attention be confined to the elementary branches of the art.

But, as I was about to remark before, when my attention was diverted from it, I am aware that, under the present regulations of the different licensing bodies, the student has a very difficult task to accomplish in pursuing his education; for he is expected at those institutions to retain in his memory, to the last year of his studies, a minute knowledge of elementary subjects; and there can be no doubt whatever that those minute facts distract his attention from those topics with which he should at last be exclusively engaged. I mean his clinical studies. I may here explain, in order to avoid being misunderstood, that while I recommend a full and minute study of anatomy and physiology, I do not think it is possible for the facts which they disclose to remain ever present to the mind. Nor is it necessary that they should. It is sufficient to have studied these subjects fully and accurately at first. For instance, I regard no man as an anatomist who has not carefully studied the muscles of the back; but we all know that the more intimate knowledge of them may safely fade from the memory. At the same time, it is necessary to have at one time fully and comprehensively studied them. And I may here mention, for your comfort, that if you have once thoroughly acquired knowledge of this kind, although you should forget it for a time, you can readily refresh your memory by books. Books will not convey the knowledge originally—you must acquire it by dissection; but having once obtained it, books will recall it to your recollection, if in future life it be required that you should be again particularly conversant with these anatomical points. I say, then, that in the present state of medical education it is very difficult for a student to devote his attention, with that degree of energy which is requisite, to the practical branch of his profession at the proper time, for its study, because his mind is then distracted, under the regulations of the licensing bodies, by the necessity of keeping a multitude of small particulars in his head, in order to be prepared for his examination.

All this, however, might be very readily obviated. The remedy is simple, plain, and practicable. Let the examination be divided. Let the student, at some time before the last year of his studies, have the opportunity of relieving himself of the mass of elementary particulars by an examination on anatomy, physiology, chemistry, &c.; and, having given proof that he has studied those subjects accurately, then his mind would be free and disentangled for its application to the study of clinical medicine and surgery. This simple remedy has, in some instances, been applied to practice. The University of Edinburgh has for many years subdivided its examinations, and the University of London has adopted a similar course, so that, in the systematic study, the elementary branches are separated from the practical; and the latter institution has further promoted the study of these by offering rewards for superior excellence in them. It is a pleasing reflection that in the first instance in which honours were competed for in the University of London, they were obtained by a pupil of this school. (*Applause.*) This division of the examination I should be inclined to carry still further. It might be a salutary improvement to have an examination of the student after every session. Think of the advantage to him, to know that he had made progress in the session; think of the satisfaction to his friends, to know that he was advancing in his studies! They have at present no knowledge of this until the end of the four years, and then perhaps the issue is unfortunate. Many a student who has been careless at first, under the present system, has been obliged to work at great disadvantage at the last moment; whereas, if there were regular examinations, at a proper time, from year to

year, many a one who at present fails would prove successful. In the mean time, until these changes are adopted everywhere, and I think it is not at all improbable that they will be, after the examples which have been already set, the student must accommodate himself to existing circumstances, devoting his attention to elementary studies during the early years of his career, and then revise them before going up to his examination.

In conclusion, allow me to entreat of you to make the best use of the opportunities which are here afforded you. Exercise all diligence in your studies, not forgetting the necessary and rational amount of relaxation. Make no scruple of questioning your teachers in all cases of difficulty. I speak for myself and for my colleagues, that we are always ready to explain all difficulties which are capable of solution. I shall consider it a pleasure to endeavour to remove them. (*Applause.*) You will rank in this institution according to your own merits. No extrinsic recommendations will help to establish your character, or fix your place here, either in the opinion of your teachers or that of your fellow-students. I beg you to remember, that the only means which will enable you to look back with satisfaction on the time spent here, will be that of practising self-denial, and exerting yourselves with all your energies to accomplish the objects to which it is now your exclusive business to attend.

AN

INQUIRY INTO SOME

OF THE

CONSEQUENCES AND CAUSES OF FAILURE

OF THE

NEW OPERATION

FOR THE CURE OF

STRABISMUS, OR SQUINTING.

By E. W. DUFFIN, *Esq.*, *Surgeon.*

In my communication of last week, it was stated that, when the adductor muscle was divided, among other reasons for the eye not turning outwards, might be assigned the counteracting agency of the oblique muscles, both of which tend to retain the globe in the centre of the orbit. Indeed, in some cases, in which the strabismus is very considerable, and of long standing, these muscles become implicated in its production. Hence, we occasionally find, as already shown, even after the thorough liberation of both eyes internally, in as far the distortion may proceed from a morbid shortening of the adductor muscle, or other adventitious cause, that the pupils are still capable of being turned somewhat inwards, and many days, or even weeks, may elapse before they attain the fullest extent of divergence from their former situation. When the eyeball has been so firmly detained in its abnormal position, by any morbid change of structure in its investing cellular tissue, as to wholly prevent it from being turned outwards, or to admit of its being so turned only in a very limited degree; then the tardy return of the pupil to its proper position may, in some measure, also depend on the external rectus having been so long over-extended as to have lost a portion of its contractile power.

The superior oblique muscle rotates the eye in a direction downwards and inwards; and the inferior oblique, being its antagonist, rolls it in the contrary direction; but neither of these muscles, either singly or conjointly, has any disposition to approximate the pupil to the inner canthus beyond the visual centre of the orbit, unless previously involved in the production of the strabismus.

If such, then, be a part of the functions of the oblique muscles, it must be evident that, when they both act together, they will have the effect of steadying the eye in the visual centre of the orbit; or, in other words, we are indebted to the conjoint action of these muscles for the power of fixing the globe, when we look steadfastly at an object, placed immediately before us, and at that distance from the eye at which we see it most distinctly, this being the position of the eye in which the exertion of such a steadying power is of the most importance. If, moreover, the focus of the eye be ever changed so as to accommodate the organ to the various distances at which we survey objects, these muscles may be very powerful agents in accomplishing this object, by compressing the central portion of the sphere slightly between them, and against the cushion of fat that lines the nasal surface of the orbit; and thus not only increase the distance between the cornea and that portion of the retina on which the image is depicted, but also render the cornea itself more convex. This presumed use of the muscles, however, I throw out as a mere conjecture, being aware that physiologists in general maintain a different opinion. The importance of steadying the eye, under particular circumstances, against any inadvertent action of the recti, and of accommodating its focus to the required distance, is too obvious to need comment; and I think, on reflection, we shall be inclined to admit that the same end could not be so efficiently attained by any combination of agency on the part of the recti muscles. If this view of the functions of the two obliques be correct, we may conclude, that when the adductors are incapacitated by the division of their tendons, it is by the co-operation of these agents, aided by the sympathetic influence that exists between the two organs, that the eyeball is steadied, and the pupil retained in the visual centre of the orbit;

although it may occasionally happen, from certain adventitious causes, that the obliques are incompetent to resist the contraction of the external recti muscles.

Such was the view that I entertained of the functions of the two oblique muscles; but it occurred to me, that, instead of resting satisfied with an empty theory, or dissecting and pulling the dead muscles in the direction of their fibres, in order to observe what effect their contractions would produce on the eyeball, it would much more satisfactorily decide the question, could we, in any manner, witness their own uncontrolled influence on the living eye. In order, then, to have an opportunity of observing this, I procured a middle-sized dog, and, aided by my friend, Mr. Samwell, of the Marylebone Dispensary, instituted the following experiments:—

I first divided the adductor of the right eye; the effects were such as ordinarily follow the division of this muscle, and need not be further insisted on.

I next cut across the second belly of the superior oblique, and instantly the globe of the eye performed a rapid and most distinct semi-revolution upwards and outwards in the direction of a line running diagonally from the origin of the muscle through the centre of the lachrymal gland. This movement was forcible, quick, and decided; the pupil as speedily returning again to near its proper site. By irritating the eye with the handle of the scalpel, we had an opportunity of witnessing this movement a great number of times, so as to satisfy ourselves respecting it in every particular. Besides rolling the ball in the manner just described, this action of the inferior oblique caused the globe also to *protrude* in a most remarkable degree; fully a third part of the sphere being thrust, on each successive contraction, beyond the boundary of the orbit; so that the under surface of the ball was presented to view; but as quickly disappeared again when the eye recovered its position, which it did only in a limited degree, by the action of the inferior rectus. This advance of the ball, and its revolution in the diagonal line already indicated, is precisely what might be inferred from the course of the fibres of the inferior oblique muscle, and from their winding round so large a portion of the sphere. The extreme expansion of the tendon is inserted far beyond the greatest diameter of the ball, reaching, in fact, when carefully dissected, to near the entrance of the optic nerve.

I next divided the inferior oblique, and the globe was no longer advanced on the eye being irritated; but the pupil was pulled near to the outer canthus by the action of the external and superior recti muscles; and had it not been for the restraining power exerted by the inferior rectus, would have wholly disappeared.

My next experiment was to divide the inferior oblique alone, in the opposite eye. As soon as this was accomplished, which I did by passing a curved bistoury beyond it, with the point pressing against the floor of the orbit, and then pulling it sharply out; the eyeball was first instantly rotated in the direction of the fibres of the second belly of the trochlear muscle, and then drawn obliquely upwards towards the pulley through which it passes. This second effect cannot, of course, ever manifest itself unless the inferior oblique be previously divided, as it proceeds from the eye being freed from the restraint of this latter muscle.

The globe of the eye was considerably protruded, as in the former experiment, the lower surface of the eyeball being brought into view. This protrusion of the organ was, in some measure, owing to being held bound by all the other muscles, and, consequently, unable to follow the full rotatory movement that would have been imparted to it had their several insertions been cut. But, of course, had I divided these, the eyeball would have been so detached, that it would have been impossible for us to have formed so correct a judgment as we were enabled to do, by making allowance for the opposition which the superior oblique met with from their conjoint actions. The true antagonist of the trochlear muscle, it is quite clear from the foregoing narration, is the inferior oblique; and it was only necessary to divide this latter muscle to allow the former to show in what direction it would pull the eyeball, in the event of the operation of dividing the inferior oblique being undertaken as proposed by Dr. Franz, had his attempt on the superior oblique failed (*vide* LANCET, June 24, 1840). Had the doctor, indeed, divided the superior oblique muscle, as he imagines he did, what would have been the unfortunate position of the patient's eye? Why, the pupil would have rolled upwards and outwards, and been lost to view under the lachrymal gland.

Besides, it must be recollected that most animals are furnished with an additional muscle, the suspensorius, for the purpose of retaining the eyeball *in situ*, and obviating the inconvenience that might otherwise be experienced from the dependant position of the head, especially during feeding. This muscle, which in ruminants is funnel-shaped, and in carnivora is quadripartite, is very powerful, and embraces the whole posterior half of the sphere. It arises circularly from the margin of the foramen opticum, incloses the optic nerve, and is inserted as just stated. Now, if the eye were thrust out in the manner described, notwithstanding the additional resistance which this muscle would oppose to the protruding action of either of the oblique muscles, on its antagonist being cut across, what would have been the consequence had the same operation been performed on the human eye, surrounding the posterior surface of which no such muscle is to be found?

I am very earnest in pointing out these facts, in order to prevent any one thoughtlessly dividing either of the two muscles in question, though, I am informed, another surgeon asserts that he has cut the *inferior* oblique. I seriously trust that he is mistaken, and that, for once, his usual dexterity has, in this respect, failed him. If either of these gentlemen be still of opinion that he divided the muscles in question, let him repeat the above experiments on an animal, and I think he will coincide with me, and congratulate himself that he did not succeed in his intentions.

Another result of the division of either of these muscles, we observed to be an incredible enlargement of the pupil, to such an extent, indeed, that the iris formed merely a narrow band encircling the inner margin of the cornea. A trifling enlargement of the pupil is a common effect of dividing the adductor; hence, it would seem, that a certain degree of compression is constantly being exerted on the eyeball by the action of the various orbital muscles; and that the contractions of the iris, as has long been ascertained, do not depend entirely on the degree of light to which the eye is exposed, but are, in a great measure, attributable to the quantum of pressure to which the sphere itself is subjected.

I may here mention that it is my intention not only to repeat the above experiments, but to institute a series of others of a similar nature on all the muscles of the eye, with a view to ascertain their positive functions singly and collectively, if this information can be acquired by such means.

The results of this inquiry shall be made known to the profession hereafter.

The portion of the retina which corresponds with the axis of the eye, is usually regarded as being more sensible than the rest of the membranous expansion of the optic nerve. No doubt there is general sensibility over the whole of the retina, by which we perceive the outline of a great number of objects; but if we fix the eye upon any one subject, or upon any particular part of an object, the image of each separate portion successively must be traced upon that part of the retina in the axis of the eye. Now, whether the superior sensibility and aptitude to convey impressions to the brain be inherent in this portion of the retina, i.e., an original property of the part, or only the result of habit and constant employment, has been a matter of conjecture.* This question, however, now appears to be capable of a decided reply.—The property is inherent in the particular part alluded to. When a patient presents himself who squints very much, we almost invariably find that his vision is obscure, and, indeed, as has been already stated, in some cases almost amaurotic.

One obvious reason of this imperfection of vision is the image not being depicted on the most sensitive portion of the retina, since, immediately that the eyeball is liberated, and its axis made to correspond with this portion of the retina, vision is improved, and becomes much clearer, as soon as the eye recovers the first shock, and the temporary state of congestion induced during the performance of the operation by the forcible efforts of the patient to close the eyelids. Were this portion of the retina, not primitively endowed with superior visual sensibility, it would require some little time to educate it to the performance of its new function; but, on the contrary, it evinces, in some degree, its peculiar capacity from the first moment that it has the power of doing so, though it afterwards, for several days, improves by practice.

Strabismus Divergens; External Squint, or Laer.

This affection is of much less frequent occurrence than the ordinary squint, strabismus *convergens:* out of upwards of four hundred cases that I have examined, I have only met with fifteen examples; and of the operations performed upon these, I cannot say that any one has been, strictly speaking, successful, although the patients have all been improved in a trifling degree. The external cast, strabismus divergens, has been supposed to proceed from a similar cause, and to be analogous in its nature to the more common squint, strabismus convergens; but in many respects it differs materially from it, both as regards its pathology, and, as just stated, in the degree of success that attends the operation. The intimate pathology of the affection still remains a mystery. There are certain facts, however, deserving of notice, that throw some light upon it, and at once point out that a remarkable difference exists between the two diseases in relation to their proximate cause. These I shall state, and leave it to physiologists hereafter to explain them.

A person afflicted with ordinary *internal* strabismus, provided the eye be not limited in its movements by adventitious adhesions, can turn the ball in any direction he chooses, by an effort of the will; while one affected with *external* strabismus is generally restricted in this respect. He can direct either eye outwards in looking at an object placed at the side of him, while the opposite eye ***turns inwards to the full natural extent;*** but he is ***incapable of directing both eyes inwards simultaneously.*** Now, this is a very singular fact. Why, if he possess the power of each adductor when he calls the muscle into action consentaneously with the abductor of the opposite eye, should he not be able to call the two adductors into consentaneous contraction, and make both pupils converge? He has power, when he makes this effort, only over the undistorted eye; the pupil of the other

* Walker's Philosophy of the Eye, p. 199.

does not pass the centre of the orbit. It is evident that each adductor respectively is capable of the fullest degree of contraction when it acts in concert with the abductor of the opposite eye; how then should it happen that the two adductors are unable to act together? This is a singular circumstance, and is only to be explained by admitting that the two adductors have lost that sympathetic power* which enables them to act in concert; and the loss of which, it may be presumed, allows the external rectus of the faulty eye to turn the globe outwards, and produce the distortion. But a circumstance that renders this phenomenon still more remarkable is, that such is precisely the power that persons possess over their eyes who have had one or both operated upon, a sufficient time having elapsed to admit of a reunion of the divided tendon to the sclerotica. They can then turn either eye completely to the nasal canthus, while its fellow is directed outwards, but they cannot turn both inwards together.

When a person who has had the muscle of only one side divided, attempts to cause the eyes to converge, his power is limited to the intact organ. If the adductor tendons of both eyes have been separated, then neither pupil can be drawn beyond the centre of the orbit in a *horizontal* line; but both can be made to incline slightly inwards and downwards. This, however, arises from the contraction of the inner fibres of the inferior rectus, aided, perhaps, by the oblique, and not from that of the adductor muscle.

A person affected with true paralysis of the adductors, as I have just ascertained by examination of a patient so afflicted, and already alluded to, has no power over these muscles, whether the effort to exert them be made conjointly, or in conjunction with the abductor, with which each respectively co-operates in performing the simultaneous lateral movements of the eye.

The fact that complete paralysis can occur in one or both of the adductors, to the exclusion of the other muscles of the eye, tends to throw considerable light on the pathology of strabismus divergens. Out of the cases I have examined, three have been decidedly of this description, being complicated more or less with other symptoms of cerebral disease, and paralytic loss of muscular power, either local or general. Hence I am disposed to conclude that the more common proximate cause of external strabismus is a partially paralytic condition, at all events of the consentaneous or sympathetic power of the adductor muscle, by which the natural influence of the abductor becomes comparatively excessive, and sufficient to draw the eye outwards. Another circumstance that leads me to regard loss of power of some description in the adductor as the immediate cause of this affection is, that we so frequently find the distorted eye large in comparison with its fellow, a condition that we know now is a common result of enfeebling the powers which retain the globe within the orbit.

When the external rectus is cut across, we do not find the eye start instantly into its proper position, as it does when the internal muscle is incapacitated. The pupil goes more gradually to the centre of the orbit, as if it were not drawn there by an active force, but went there because the restraining power no longer opposed the movement. The pupils are merely drawn to the point at which the farther contraction of the obliques ceases. After the operation, moreover, the capability of moving the eyes towards the nasal canthus by an effort of the will, remains precisely the same as before,—nothing has been gained in this respect,—the patient has not acquired the power of directing both eyes inwards simultaneously. In fact, all the apparent advantage obtained is, that when quiescent, the pupils of both eyes occupy the visual centre of their respective orbits, instead of only one doing so, while the other is directed outwards. The appearance of the patient in this respect may be somewhat improved; but to counterbalance this, the eye, in consequence of its retaining powers being still farther weakened, is liable to protrude and look more ungainly, than before. It is therefore a matter for consideration, to be determined by farther practical experience, whether or not the division of the external rectus is a measure to be generally advised, as likely to improve either the sight, or the expression of the individual. Of the precise nature of the loss of power in the internal muscle, I confess I am unable to offer any satisfactory exposition; at least none that will explain how the muscle retains its contractility to the full extent, so long as it acts in harmony with the abductor of the opposite eye, and ceases to possess this power when called upon to act in conjunction with its fellow.

The third and sixth nerve, it would seem, can act together, but not the two third nerves.

The sympathy that ought to subsist between them is in abeyance; and it appears to me, that unless we can restore this, we are not very likely to gain much advantage by the operation.

Finally, let us suppose a case of strabismus divergens proceeding from a contracted condition of the external rectus muscle, while the adductor and obliques retain their healthy condition. What would be the likely result, under such circumstances, of dividing the abductor muscle? It appears to me that we should, in all probability, produce a most incurable strabismus convergens; because we should have three muscles left at liberty

* I denominate it *sympathetic*, because it is clear if the adductors can, under any circumstances, turn the eyes thoroughly to the nasal canthus, they have not lost their *absolute* power of contraction.

to contract to any extent of which they might be capable, but more especially the adductor; whereas the case is very different when the internal rectus is divided, the abductor being still opposed by the two obliques.

14, Langham-place, Regent-street,
Oct. 1, 1840.

THE OPERATION FOR SQUINTING.

To the Editor of THE LANCET.

SIR:—That many different opinions should be entertained as to the best method of performing the operation for strabismus, is what might very naturally be expected; and it is also very natural that each operator should have a peculiar affection for any little invention of his own. I should have remained, as hitherto, a silent spectator of the various claims to superiority in the performance of this simple, beautiful, and truly scientific operation, had the different competitors for public favour been content with the recommendation of their own plans, without decrying, often most unreasonably, as well as unjustly, those of others. Having no invention of my own to bring forward, having seen the operation for strabismus performed in nearly a hundred cases, and having operated myself several times, I have anxiously endeavoured to form an impartial judgment of the merits of the different methods of its performance. As the operation for strabismus is at present rather a novel one, I trust that the results of my experience upon the subject may not prove entirely useless or uninteresting to those gentlemen who may not have had quite so wide a field for observation as myself. There are two things especially to be desired in an operation—that it should be performed, if possible, with celerity and safety; the next thing desirable is, that no unnecessary pain should be inflicted on the patient. It is upon the latter point, more especially, that appeals to the public are most likely to prove successful; and it has, consequently, been the one which has been the most eagerly seized on by many who have written upon the operation for strabismus. The hook for fixing the eye has been invested with terrors not its own; and its use afterwards described as the infliction of unnecessary pain: the speculum for raising the upper eyelid has been nearly as much abused as the unfortunate hook. That the improper use of either instrument may cause considerable pain I readily admit, but deny that such is the case if employed with proper care and gentleness. We are told by some gentlemen that the hook and speculum are unnecessary; that the finger of an assistant will answer the purpose of the one, whilst the other can be dispensed with entirely; it is true that the upper eyelid can be raised very effectually by the finger of a practised assistant; but by persons in general the lid will be better raised by the speculum. As to the comparative pain of the two methods, I have seen them both properly managed; and, on questioning patients as to which gave them less uneasiness, the finger or the speculum, the answer has been generally the latter; the pain caused by the hook has been greatly exaggerated. It would seem that some men delight in raising giants of straw, solely for the satisfaction of easily knocking them down afterwards. It has been asserted, that the eye is forcibly compressed by the hook, and that considerable injury is inflicted by the instrument; if the hook be properly made, very slight pressure is sufficient to fix the eye, which has then only to be drawn gently outwards, in the inward squint, without further compression. The hook can certainly, in many cases, be dispensed with; but it is not every one who can so command the muscles of his eye as to be able to keep that organ sufficiently steady without its being properly fixed; and the omission of the use of the hook will, in many instances, not only prolong the operation, but often render the division of the various bands of adhesion incomplete. I believe the employment of the hook will, in a great majority of cases, by facilitating the operation, be the means of saving the patient much unnecessary pain. I have seen the operation for strabismus performed in a great number of instances. In the generality of cases the operation has been completed within a minute; but there have been instances where it was necessary to divide several bands of adhesion, which, of course, rendered the proceeding more protracted. The instruments generally used by Mr. C. Guthrie are a sharp-pointed bistoury with a slight curve; a small director slightly grooved upon its concave surface, and sufficiently curved to be passed under the muscle with facility; the hook to keep the eye steady, and a small silver speculum. The incision into the conjunctiva is made by inserting the point of the bistoury opposite the lower side of the tendon of the rectus, and cutting upwards for a quarter or three-eighths of an inch; the curved director is then passed under the muscle, which is divided upwards by the bistoury along its grooved surface. If the patient after the division of the tendon be capable of directing his eye inwards, or if an external squint, outwards, in any degree, the remaining bands of attachment are readily caught up by the director and divided by the knife: this operation should never be considered complete whilst the eye can be turned at all inwards, or when the squint is in the opposite direction outwards; for when all bands of adhesion are fairly divided, the eye usually appears to be fixed motionless in its orbit, with the cornea in its natural position, very nearly in the centre. I have never seen

a case of strabismus in which it was necessary to divide any other muscles than the external or internal rectus; and cannot help thinking that other muscles have been often cut unnecessarily: it has been said by some persons that the operation leaves the eye in a worse state than the squint for which it was performed, that it becomes disagreeably staring and prominent; in my own cases no such effect has been produced. I have attentively watched a great many of those operated upon at the Ophthalmic Hospital; and, although there has been in some few instances a slight degree of increased prominence in the eye, yet it has never amounted to deformity; in the great majority of cases, however, the operation has been highly gratifying, and, in many instances, no difference was observed between the eye operated upon and the other. With regard to the number of little hooks that have been invented for fishing up the rectus muscle, I cannot see any advantage they possess over the instrument above described, which, by forming at the same time a director for the bistoury, most certainly facilitates the operation. It has been observed in some few cases that, although immediately after the division of the internal rectus, the patient has been incapable of directing his eye inwards, yet, in a few days, it has again turned towards the inner canthus. Notwithstanding this untoward occurrence, it has been sometimes found that in the course of three or four weeks the eye has again become quite straight; in such a case, it is to be presumed that the return of the squint has been caused by effused lymph uniting the posterior part of the divided muscle to the sclerotic coat; and that the subsequent return of the eye to the straight position has either arisen from elongation of the lymph, or from the slight adhesions having been broken down by the increased action of the external rectus: when such an occurrence happens, the patient should be made to use the muscles of the eye which has been operated upon, by covering the sound one for some little time. A sufficient period of time has now elapsed since the operation for strabismus was first performed in this country, to enable us to form a tolerably correct judgment of its success; when properly and efficiently performed, that is, when no bands of adhesion are left undivided, with but few exceptions, the operation will prove highly satisfactory. I am, Sir, your obedient servant, ROBERT WADE.

68, Dean-street, Soho, Sept. 28, 1840.

INSTRUMENTS FOR THE LAST NEW OPERATION.

To the Editor of THE LANCET.

SIR:—The extremely minute circle in which the ingenuity of man is capable of busily exercising itself, has seldom been illustrated more amusingly than in the multitudinous inventions of instruments for the cure of squint. Hooks, double and single, and of every variety of curve, scissors with and without hooked blades, straight and crooked, probe-pointed and otherwise, curved knives, and bistouries and forceps of all shapes and springs, have been contrived and earnestly recommended to the profession, with the inventors' names carefully attached. The extensive experience of three or four cases has generally sufficed to satisfy each inventor that his peculiar instrument is invaluable, and forthwith a description of it appears in print. Probably, however, before the article has passed through the hands of the compositor, the author-inventor has cut a few more squinters, and finds the honest, plain old forceps and scissors better than any other instruments for his purpose. With patient politeness, Mr. Editor, you continue to present to the profession, through the omnipresent pages of THE LANCET, each blushing debutant with his cherished hook or speculum; and with extreme complacency each successive inventor presents his delicate piece of mechanism to the world. Each contrivance is said to lessen so much the pain of the proceeding, that the doubt now is, whether any annoyance whatever can be caused by the operation; and so much merit is claimed by each inventor, that there can be none left to spare for one Dieffenbach, of Berlin. Should it, however, at some future time, be thought proper to pay any honour to the inventor of the operation, I propose that each surgeon shall transmit by the penny post to Dr. Franz (notwithstanding that he has received the *cut superior oblique* from the profession), all the useless hooks, specula, and scissors, remaining after all the squinters of Britain have been cured, to be arranged, monumental-wise, in Dr. Franz's yard, and duly advertised as on view by the profession. Thus may the strabismal column, covered with the names of the inventors, remain, when squinting is gone for ever.

Until lately, Mr. Editor, all the cutters in Europe employed a hook to fix the eye, the only matter of dispute being as to the form of the said hook. Latterly, however, there has arisen a desire to take *French* leave of the hook, and a sect of anti-hookites seem likely to give much anxiety and pain to the more orthodox strabismic doctors. One gentleman in particular, from Chelsea, who (like the man that published five hundred hand-bills, to inform his friends that he intended to treat with silent contempt the insults of some enemy,) tells us that he is "too conscious of the comforts of oblivion" to entertain any object in his communication save the benefit of his friend, and who gives force to his declaration by adding his name and residence in full, seems to declare

war against the hookites. He says, that the upper eyelid being held up by the forefinger of an assistant, he snipped a piece out of the conjunctiva "over the under edge of the rectus, and introduced a curved probe under the muscle, &c." This mode of performing the operation being recommended universally, children and nervous persons must, of course, be treated in the manner described. The plan proposed must, at least, in the case of the persons mentioned, be of a value somewhat similar to the famous powder for destroying fleas; the mode of exhibiting which was, first, to catch the flea by the nape of the neck, and then to drop into his mouth some of the fatal powder.

Seriously, Sir, I believe that in a very few instances is it practicable to cut the rectus tendon without first firmly fixing the eye,—in none, in fact, excepting in resolute steady persons. In almost every instance time is lost by the shrinking of the patient after the first incision; the cellular tissue immediately becomes infiltrated with blood, and the operation is rendered tedious and unsatisfactory: if the eye be firmly fixed by the fingers of the assistants, then I say that this can be done with much less pain and greater certainty by means of a proper hook. In children, in patients with deep-set small eyes, and in irritable persons, the plan proposed I believe to be inadmissible; I have tried the method, and both succeeded and failed by it,—succeeded in two or three steady persons, with large movable eyes,—failed in many others, and been obliged to have recourse to the hook. Now, as the Chelsea correspondent, while giving publicity to his four successful cases, censures others who "have bruited about their claims in the ears of the town," I shall so far profit by his advice as not to be guilty of the error which, while he commits, he condemns; but I shall assure him, and furnish you, if necessary, with proof of the correctness of what I state, that although I have performed the operation for strabismus upwards of a hundred times, and may, therefore, be supposed to have acquired some share of experience in the matter, I have given the plan recommended by him a fair trial, and found it calculated only to mislead. The idea of operating on the eye of a child whose *hands* you must bind down, without some instrument firmly to fix the *eye*, is obviously absurd; and the same remark is true with regard to all nervous or irritable persons.

The speculum, if properly applied, gives no more pain to the patient than the forefinger, while it is less in the way. A hook passing through the conjunctiva into the sclerotic will, I believe, in nine cases out of ten, be found the best and least painful plan of firmly fixing the eye; and the common scissors and forceps,—instruments which are familiar to the hands of every surgeon, and, as respects the operation for strabismus, safe, simple, and expeditious,—will, I believe, in the end, supersede all the gimcrack knives and bistouries with which so many gentlemen have latterly been confusing us.

I cannot conclude without observing, that there has been much vulgar palaver respecting the operation for strabismus. It is, in fact, one which can be performed with great facility by every body but him who attempts it, and which is spoken of as the simplest thing imaginable by all those who never intend to run the risk of failure, and to whom, therefore, the operation "presents no difficulties."

The frequency of the operation has led persons who are without thumbs to declare that it is ridiculously easy, and that it will become quite common; but the fact is, that the operation will be common enough, but operators will be nearly as rare as before. Most of those who have been accustomed to work on the eye succeed in it; the rest seem all to fail. It is a capital field for young surgeons, however, who have here an opportunity of rivalling their seniors, just as they would do in aneurism and stone, were the latter cases sufficiently common.

The operation being thus fashionable, every man feels it necessary if not to invent, at least to purchase a box of instruments, and if not to operate, at least to talk of operating for strabismus; meantime, many of the older surgeons throughout the country sneer at the operation, avouching the sourness of the grapes which they cannot reach. However, when we see that so many surgeons, some of whom are very good oculists, fail in this operation,—when we find that so many who eventually succeed bungle a few of their first cases,—when we know that some have actually let out the vitreous humour and destroyed the eye, we may fairly join in the opinion of the late writer in THE LANCET, that the operation, *to be done well*, "requires much more dexterity, neatness, and address, than is commonly believed."

I remain, Mr. Editor, your obedient servant,

SPECULUM.

Tyne Side, Sept. 16, 1840.

ON THE USE OF

TINCTURE OF THE MURIATE OF IRON

IN

DIABETES MELLITUS.

By CHARLES CLAY, *Esq., Surgeon.*

I DO not communicate the following cases with the idea that I am introducing anything particularly new in the treatment of that uncommon, and often very obstinate, disease, diabetes mellitus; but such is the uncertainty attached to its treatment, and so nu-

merous are the remedies proposed, that though each of them has had its season of success, it has as frequently failed in the hands of the best and most observing of medical practitioners, so that after years of experience and a multitude of experiments, we are pretty nearly in the same state that we were a century ago. The following three cases, however, yielded so decidedly to the use of the tinct. ferr. mur. P.L., after many other remedies had been tried, that I trust that placing them before the public will be the means of testing its merits still further. It is quite necessary, in order to succeed, to give it in large doses, as I have repeatedly tried the same remedy in small doses without any effect. The cases I am about to give were of sufficient standing as to time and obstinacy, and could only be considered bad cases, and of such a character that the trial of any new remedy was perfectly justifiable.

Case 1.—Jas. Newton, of Ashton-under-Lyne, Feb. 1836, aged 75 years, had been for two years suffering from diabetic flows of urine, which for nine months had considerably increased; he had been under the care of different persons, and a variety of remedies were tried, but no abatement of the symptoms was observable. When he applied to me the quantity of urine discharged was nine pounds and a half by weight in twenty-four hours, fully charged with saccharine matter; his appearance was emaciated, anxious countenance, and a dry, furred tongue. After trying various plans, without any apparent benefit (with the exception of temporary relief, for a few days, by the exhibition of nitrous acid), at last, without any particular hope of benefit, I ordered the following mixture:—

Tincture of opium, ʒjss;
Tincture of muriate of iron, ʒji;
Sulphate of quinine, grs. vjii.;
Distilled water, ℥vj. An ounce to be taken three times a-day.

After continuing this formula for three days, I was agreeably surprised by a sensible abatement of the quantity of urine, but still as fully charged with saccharine matter; in five days more, that is, eight from the commencement, the abatement continued; the countenance less anxious; tongue clean; and evidently improving in constitution. On the 18th day, barely four pounds of urine were discharged in 24 hours, in which little saccharine matter could be detected. In four weeks, with a continuation of the medicine, he appeared in perfect health, and, at the end of six weeks, ceased taking medicine entirely, and since has had no return of the complaint.

Case 2.—W. Grundy, ætat. 30, of Hurst, came under my care in April, 1838, after being treated by different persons without any apparent benefit. From the decided success of the tinct. fer. mur. in the case of Newton, I began immediately with the same dose, as above stated. The quantity of urine was, at the commencement, eight pounds in 24 hours, and full of saccharine matter. For five days no improvement in either the quality or quantity of the discharge was observable. After that time, however, the abatement began to show itself, but without any diminution of the saccharine principle. On the 14th day, the diminution of the discharge was remarkable, not more than three pounds and a half in 24 hours, and the character of the urine much less sweet. On the 24th day the discharge was natural in quality as well as quantity, and before the expiration of five weeks he left off taking medicine.

Case 3.—Mary Wild, ætat. 56, of Ashton, had been subject to a diabetic discharge for eight months; her general health had for some time been very precarious from the cessation of the menstrual discharge. About seven pounds and a half of urine in 24 hours. In this case the saccharine matter was not so abundant as in the former cases. I gave the tinct. fer. mur. mixt. for six days, when a slight abatement was observable; but, on the 12th day, the quantity was more than at the commencement. On the 15th, the abatement again showed itself; and from this time to the end of four weeks kept continually decreasing. At this time pleuritic symptoms called for a cessation of these remedies and the substitution of others, during which time a slight increase of urine came on; but on going on with the old medicine the improvement returned. She finally ceased taking medicine at the end of eight weeks, feeling her health quite restored, and has had no return since. The date of this case was March, 1840.

These cases are instructive, inasmuch as they were not of a favourable character, with the exception of case second (Grundy). The extreme age of Newton, and its previous obstinacy, and the complicated nature of case third (Wild), form good cases for testing any particular plan of treatment. That I have succeeded by the tinct. fer. mur. in large doses is evident; yet I look upon the disease to be of that mysterious character, that I cannot vouch for its being a specific. It must be observed, that a strict diet of animal food was adhered to in all these cases. Of all diseases I am acquainted with, I know of none less affected by the occurrence of other diseases than diabetes, of which case third is an example.

Piccadilly, Manchester,
Sept. 29, 1840.

THE ADVANTAGE OF

SYSTEMATIC EXERCISE,

AS A

MEANS OF RESTORING HEALTH.

To the Editor of THE LANCET.

SIR:—Although I am aware your Journal is designed chiefly, if not solely, for the contributions of members of the medical profession, yet I think it possible that the following statement of simple facts may not prove unworthy of attention, especially to such persons as take an interest in prophylactic discipline.

On the 2nd of August, 1839, a pupil, aged nine years, was placed under my care, whose general health had been delicate and precarious from infancy; and had been further impaired, at various times, by scarlatina, measles, and hooping-cough. For half a year, or more, previously to joining me, he had suffered a good deal from cough; and being very slight, and rapidly outgrowing his strength, fears were entertained as to his ultimate recovery. I at once noticed, on first seeing him, that he laboured under a general debility, which caused him to present a *crouching attitude;* and that, without care, there was some danger of flexure of the spine; and of malformation of the right knee, with contraction of the limb; and I was given to understand that he often manifested much morbid excitability. At the same time, however, I observed that his complexion did not indicate any septic condition of the blood; and that the state of the tongue, skin, and eye, were favourable. It therefore struck me that attention to *symmetrical development* was the chief object to be kept in view.

Having stated my opinion to a medical gentleman of the place, and finding that he concurred, I commenced myself, in military phrase, *to set him up*. I also placed him under an experienced teacher of the Calisthenic exercises, that he might learn to throw himself into a variety of easy natural attitudes, and thus be able to maintain an upright position without fatigue, and without requiring artificial supports; requesting that he might be well exercised in springing motions, to give tone and elasticity to the lower extremities. In addition, he was ordered a tepid sea-water shower-bath twice a-week, with friction on the back and thorax; and cold sea-water affusion, with friction, of the knees and ankles. The result has been that, from the above to the present period, he has had no cough, or serious indisposition of any kind; and is now perfectly straight and very active. Indeed, three months after I had commenced his training (although, at the outset, scarcely able to run on level ground without falling, and soon exhausted,) he was able to run and walk, in one day, at intervals, about five miles, without any sense of fatigue, and without experiencing any ill effects from a sharp north-east wind. With accession of physical strength, all nervous tendencies are fast disappearing; and his memory, formerly weak, rapidly improves. I need hardly observe that, under such circumstances, all lessons must be short and easy; and rather calculated to counteract mental inanition, which is decidedly unfavourable to health, than to serve the ordinary purposes of education.

In this case, if I judge aright, general proclivity to disease proceeded from general atony of the muscular system; which, as it had already led to the compression, would have eventually led to the displacement of the thoracic and abdominal viscera. The boy had been very judiciously treated at home, and allowed as much air and exercise as possible; but still the idea of first imparting strength to the lower extremities, to enable him to exercise without nervous exhaustion, and the value of training generally, were not likely to occur to any one who had not previously seen,—as I had often among tall weakly recruits,—the advantage of systematic exercise. I am far from commending training as an empirical "universal remedy." It must be carefully modified, in every individual case, by existing peculiarities; and, in careless hands, it would be a dangerous experiment. But still where a very steady, intelligent, drill serjeant, or professional teacher of exercises, is at hand, such means may often be resorted to with good effect, if duly persevered in, and never carried to the extent of nervous exhaustion; the approach of which a good trainer will soon perceive by any slight change of the complexion, and expression of the eye. In course of time, cricket, football, leaping, vaulting, &c., may, in many instances, be cautiously superadded, with marked benefit. I have the honour to be, Sir, your very obedient servant,

JOHN A. WALKER,
Lieut. H. P. 34th Regt.

Cliff House, Torquay, Sept. 28, 1840.

STRANGULATED HERNIA.

To the Editor of THE LANCET.

SIR:—The press, together with further information, assure me that this so often fatal ailment is treated at the present day as it had been a century back, and that improvements, correct in theory and sanctioned by successful practice, are misunderstood. For the sake of brevity, suppose a case. A portion of intestine is *ex situ*, distended by its gaseous contents, highly sensitive, painful, &c. Apply cold water, by cloths often

wetted, so as to abate the sensibility, also the size, by condensing the warm air, and repelling the fluids internally; this will be more effectual if the body be exposed to the cold air; shivering and shrinking of the surface will soon ensue. Then, but not till then, the hands are to surround the part, solely, to press out the contents gently. This manipulation is safe after the sensibility has been lessened, but would have been destructive as a first step. Particular attention is of the utmost importance to withholding the hand until after the application of cold, because the opposite practice is almost universal. To try the taxis first, namely, to grasp an intestine just at the commencement of inflammation, pain, &c., and to force it through an opening of one-sixth its size, against sharp tendon and bone—in fact, to attempt a palpable impossibility, without first reducing the tumour to its ordinary size. Emptying affects this state, and is a *sine quâ non*. The pressure exerted by the hernia ceases with diminished bulk, which also terminates the strangulation. It should ever be in recollection, that the situation of the intestine outside caused no violent distress during months or years; it was the supervention of inflammation and tumefaction that produced it. When pain is considerable, about sixteen ounces of blood should be drawn. This view places the taxis in the last stage; a course which I have pursued in many cases, so as to warrant me in the belief that its universal adoption would prove successful in almost every ordinary case. Much experience and observation lead me to object earnestly to the advice, to apply the hands previously to any preparatory measure. That even the contact of ten fingers with a part so sensitive and tense should aggravate the evil, is indisputable. Surely, then, the pressing and forcing ought to be rejected *in toto*. Indeed, it is to be lamented that a practice which, when patiently examined, appears to be opposed to every law of the animal economy, is still persevered in. I rely that the test of experience and careful observation will ensure a general approval of the course I recommend.

AN EXPERIENCED PRACTITIONER.

Cheltenham, Aug. 5, 1840.

"ASIATIC CHOLERA" IN HERTS.—ITS NON-CONTAGION.

To the Editor of THE LANCET.

SIR:—The following case is forwarded for insertion in your valuable Journal. Your constant reader, WILLIAM GOSSE.

Hoddesdon, Herts, Sept. 22, 1840.

William Morrison, æt. 29, by trade a carpenter, a tall, well-built man, with rather spare, muscular development: his habits have been somewhat irregular, though he is by no means a free drinker. For the last week or ten days he has had diarrhœa and loss of appetite, but not so as to disqualify him for work.

Sept. 4. This morning, after walking a distance of three or four miles on the way to his work, he was suddenly seized with violent spasmodic pains in the abdomen, and cramps in the extremities, and was obliged to be brought home. I saw him at 12, midday, when the following symptoms were present:—

Countenance sunken and livid; the skin on the hands and feet drawn and livid; the nails a deep blue. He was perfectly sensible, and complained of severe spasms in the abdomen; and violent cramps in the extremities, so as to keep the fingers almost constantly and firmly clenched; and the toes either starting up towards the instep, or closely drawn in to the soles of the feet. The surface of the body was quite cold, and, on passing the finger into the mouth, the tongue was found cold and dry. Pulse slow, and scarcely perceptible at the wrist. Constant sickness and purging. The evacuations consisted of a clear, limpid fluid, like serum, having no smell of fæces, with a deposit of a little white curdy matter at the bottom of the utensil.

Warmth and friction were ordered to be constantly applied to the abdomen and extremities, and the following pill was prescribed:—

Calomel and *powder of opium*, of each one grain. To be taken every hour.

4, P.M. Continues much the same; no signs of reaction; vomiting and purging continue. I then ordered a powder, containing two grains of calomel and two of opium, to be taken immediately, and the pill to be repeated every half-hour. Equal parts of spirits of turpentine and olive oil were rubbed on the extremities and over the abdomen constantly. Half an ounce of brandy with arrow root or rice gruel, every half-hour.

10, P.M. Has had no purging since taking the powder. Surface of the body covered with a copious perspiration; extremities still cold. Has had less pain in the abdomen; cramps also less frequent and violent. Pulse still slow, and feeble.

Omit the calomel and opium; and let a sixth part of the following mixture be taken every hour:—

Sesquicarbonate of ammonia, ʒiij;
Tincture of ginger, ʒiij;
Sedative solution of opium, ʒj;
Mint-water, ʒviiss.

Sept. 5. 3, A.M. He is much lower; lies on his back; breathing loud and hurried; skin cold; pulse just distinguishable. He is roused when spoken to, but immediately

relapses into a half-conscious state. There has been no sickness nor purging. From this time he sunk rapidly, and died at about six o'clock the same morning.

I regard this as a pure case of spasmodic cholera, as distinctly so as any I ever saw at the time it was so prevalent in London. This case occurred in an open, healthy, country district, and is a solitary instance, no other case having been met with in the neighbourhood, either before or since. There have been frequently noticed isolated cases of this disease, and I presume Asiatic cholera may now be regarded as incidental to this county. That it is not propagated by infection or contagion, I think there can be no longer any doubt; for had it been so, and were the contagion of that virulent nature that many at first maintained, it would surely have attacked some of the numerous friends who visited the subject of the above case.

VARIETIES IN THE FORM AND POSITION OF THE LIVER.

To the Editor of THE LANCET.

SIR:—Allow me to add my testimony in support of that of Mr. Erasmus Wilson, with regard to the infrequency of a deviation from the natural form of the liver.

During my residence at the Bristol Infirmary, I examined several hundred bodies, and I have examined and been present at the opening of a great number since I left that hospital, but have met with only one variation from the usual form of the liver; a circumstance so remarkable, that I deemed the case worthy of being placed upon record. In the case of Mary Townsend (see page 159 of my "Compendium of Medical Practice,") "the liver had no left lobe; the right was perfectly healthy, though rather small. Upon the left side of the ligamentum suspensorium, instead of a lobe there was only a small fleshy portion about the width and half the length of the little finger."

In this case there was also an unusual position of the stomach (see page 158): "instead of stretching obliquely across the superior part of the abdominal cavity, it was placed longitudinally, that is to say, beneath and parallel with the linea alba; its cardiac extremity was opposed to the diaphragm; its pyloric end nearly reached the brim of the pelvis; the duodenum passed upwards and behind it, to be joined by the pancreatic and biliary ducts in the usual situation."

In the above-cited case the unnatural position of the stomach was, in all probability, the consequence of the unusual form of the liver. The stomach, in this instance, must have performed its functions under great disadvantages, having had, in the erect position of the patient, to propel its contents upwards, in direct opposition to the laws of gravitation.

"The deep channels" or indentations produced upon the convex surface of the liver, *by the destructive process of tight lacing*, were also frequently observed during my post-mortem examination. This barbarous practice of bisecting "the human form divine," and thus rendering it almost impossible for the naturalist to decide whether the fair portion of the creation belong to the animal or insect kingdom, not only deranges the functions of the liver, but gives rise to extensive diseases of the spine, heart, and lungs. How long must the health, comfort, and beauty of the female be sacrificed to the caprice of fashion, or to the bad taste of the male? How long will the model of a Dutch doll be preferred to the exquisite proportions of a Grecian statue? I remain, Sir, yours very respectfully,

C. BEDINGFIELD, M.D.

Stowmarket, Sept. 23, 1840.

MEDICAL APPRENTICES.

To the Editor of THE LANCET.

SIR:—Knowing the anxiety you have ever evinced, in protecting the interests and redressing the grievances of the junior part of the medical profession, I venture to address to you this epistle.

It is the custom with many general practitioners (and is the case with my master, with whom I have now served more than half my apprenticeship) to compel their pupils to undertake the menial offices of carrying out medicines, attending the street-door, and many other occupations that are suitable only for a common lacquey to perform, and which to young men who have been brought up respectably, and who have received a liberal education, must not only be highly wounding to their feelings, but deprive them of those portions of their time which should be employed in reading and study. Is it not a scandalous shame for an instructor in medicine, of respectability and honour, so to deceive the friends of a youth, as, under the pretext of teaching him the duties of a surgeon and apothecary, to employ him in the servile occupation of a footboy, to save the few shillings that it would cost to hire a lad for that household labour? There is, indeed, a reform wanted in the profession, when the system of apprenticeship is so abused. Your most obedient servant, one of those despised individuals,

AN APOTHECARY'S APPRENTICE.

Ebor, Sept. 16, 1840.

*** The remedy lies under the bond of the indentures, which both neglectful masters and undutiful apprentices, as well as good masters and well-disposed pupils, should consult oftener than they do.

THE LANCET.

London, Saturday, October 10, 1840.

We return to the discussion of Mr. Warburton's Bill. After a careful consideration of its provisions, and of the circumstances under which it originated, we freely confess our conviction, that, if not counteracted, it would deal "a heavy blow and a great discouragement" not only to the cause of medical reform, but to the character of the medical profession, and the interests of the British community, so far as they are concerned in the improvement of medical art, and the well-working of medical institutions. The zeal and ability with which Mr. Warburton conducted the inquiry into the abuses of the medical corporations, received our unqualified approbation. Does he endeavour to obliterate the memory of his important services? But medical reformers will not forget them, nor confound, in their disapprobation of the "remedy," the utility of his recognition and searching exposure of the disease. The best morbid anatomist may be the worst physician. The keenest surveyor may be the most unfortunate architect: but that the "Castle of Health" may rise in all its simplicity, and harmony of proportion, the ground required to be explored, the insecurity, the defects, and the irremediable nuisances of the ruined, incoherent structure, standing from ancient times—and, though sheltering but the owl, the bloated toad, and the bat—still reverenced by a certain class of minds—needed official demonstration by an impartial hand. This duty Mr. Warburton, as chairman of the Parliamentary committee, manfully performed. He was one of the useful harbingers of medical reform; and, whatever may be said of his Bill, laid the axe to the root of the tree in his pioneering days. He has delivered a freight of valuable materials, and, as a work of supererogation, has produced an imperfect model: the Bill proves that there his meritorious task ended.

It will be our duty, as journalists, to discuss the provisions of this proffered Bill with the utmost freedom; at the same time, we wish it to be distinctly understood, at the outset, that nothing can be farther from our intention than to underrate, or depreciate, in anything we may say, Mr. Warburton's *bonâ fide* labours in the cause of medical reform.

Mr. Warburton's fame is not staked upon his Medical Reform Bill. Medicine and medical legislation have not constituted the business of his life. He has only directed his mind to the question accidentally, and, as it were, incidentally. He does not know the medical profession; and was only made, for a few hours, the familiar of the polluted agents of the self-elective, irresponsible, secret corporations: it is, therefore, not very astonishing that his Bill proves to be an utter failure. If Isaac Walton had passed his days by horseponds, or had never become acquainted with aught but such sharks, and slippery-slimy fish as Mr. Warburton saw flounder on the banks in 1834, honest Isaac himself would have discoursed of the "noble sport" with "Piscator" and his friends, and have written much in the strain of Mr. Warburton's Bill.

We have already laid before our readers a copious verbal analysis of the Bill. In attempting a logical analysis of its principles, we should inquire what evils it recognises, what remedies it proposes, and in what way it is likely to promote or retard medical reform.

Medical reform is now, to all reasoning and unprejudiced persons, an exceedingly simple question; it resolves itself into a discussion of the means of professional organisation and self-government. As a nation, we partially possess both these rights in the Imperial Government; and the English constitution, from the earliest periods, recognised and legalised certain guilds, companies, or corporations,—governments, in fact,—for certain *specific purposes*; indepen

dent in their functions, to the fullest extent that is compatible with subordination to the supreme Legislature, but always subject to its control, and existing by its Acts or Charters. The plan combined, in theory, at once all the advantages of local government, and of the system of centralisation. The heads of the corporations, when their privileges were obtained from the Crown, struggled to obtain despotic power, and to free themselves from the control of their constituents. In time the officers obtained possession of their places for life, and appointed their successors. The councils were made self-elective; and the councils of the corporations—the councils of the colleges—became *the* corporations, *the* colleges, to the entire exclusion of the members at large. They taxed the members, and never published accounts; they made by-laws and regulations for their own advantage, while they left the interests of the members in abeyance. Under Charters and Acts of Parliament, the medical profession was incorporated for certain *specific* purposes; the members have been dispossessed, by the mean and selfish arts of the councils, of their legitimate privileges, and of all the advantages of incorporation. They now, in the character of medical reformers, approach the supreme Legislature, and demand, in a revision of their charters, the right of SELF-GOVERNMENT, and the advantages of as complete an organisation as has recently been restored to the members of other corporations, placed in precisely similar circumstances.

The *specific purposes* for which the London College of Physicians was instituted, are stated in the first Charters and Acts of Parliament. Physic was exercised, the Legislature declared, by a *multitude of ignorant persons, who undertook cures* by the use of sorcery and *noxious remedies*, to *the displeasure of God, the infamy of the faculty*, and THE DESTRUCTION OF THE PEOPLE, *particularly of such as could not distinguish the skilful from the unskilful*. It was, therefore, enacted, that no person within the city of London, or seven miles of the same, *should practise*, unless he had been first *examined, approved*, and *admitted* by the college, or a competent board of examiners. The king thought it a duty of his regal office to consult, in every way, *the happiness* of the inhabitants of this realm; and founded the college, to repress, in the name of public utility, the ignorance and audacity of evil-doers, *by the example of its members, by the laws, and by its regulations*. The college originally conferred one licence, which admitted to all the rights of membership, and entitled the licentiate to practise all branches of his profession. Abuses existed in the college; but they arose and proceeded *pari passu* with the corruption, exclusiveness, and irresponsibility of the governing body.

As their right, and in the interests of the public health, medical reformers ask for the incorporation of all medical practitioners—*omnes homines ejusdem facultatis*—not in London, for the restriction would now be absurd, but in the United Kingdom. They are ready to prove that the practice of medicine by the ignorant and unskilful, leads inevitably to "the destruction of the people." They therefore insist, as one of the *specific purposes* of their incorporation, that none shall be recognised as practitioners of medicine, who have not been "examined, approved, and admitted;" but that every one who has established his qualification shall be allowed to practise unrestrictedly in every part of the empire. They ask to be permitted to contribute to the progress of medical science in their corporate capacity, to promote the diffusion of useful discoveries, and to labour for the happiness and health of their fellow-men;—they ask to be allowed to watch over the interests of their humblest members, to protect the honour, and elevate the dignity, of their profession, in conformity with the laws of the land;—they ask, in fact, for the privileges which were conceded to their predecessors, by Parliament, in the 16th century, with such improvements and modifications as experience, and the progress of civilisation, have suggested;—they ask for SELF-

GOVERNMENT, through a representative council, possessing specific powers, defined by the Imperial Legislature.

But what would the members of the medical profession obtain by Mr. WARBURTON'S Bill? They would be *registered;* yes, they would be registered, and their names would be published annually, in order, one would imagine, that the public might at once be enabled to distinguish from the list whether an individual who called himself a medical practitioner possessed any tested qualification. But the list would "be divided into four principal divisions;" the first division to consist of persons who hold a medical qualification; the second, of firms, whereof *some of the partners do* and some *do not* hold a medical qualification; "*the third, to consist* "*of those who* PRACTISE MEDICINE *in* CHIEF, AS "CHEMISTS AND DRUGGISTS; *the fourth, to* "*consist of parties who* PRACTISE MEDICINE IN "CHIEF, *and are not included in any* OF THE "PRECEDING DIVISIONS," that is, quacks of every description. The two first divisions are directed to be published every year; the third and fourth divisions are to be published "in any or every year," if the Secretary of State for the Home Department shall think fit. The list would begin with the most eminent men in the profession, and descend in a stream, scarcely interrupted, through firms whereof *some of the partners* hold *no medical qualification*; include chemists and druggists practising "medicine in chief;" and terminate with the MORISONS, EADYS, JOHN LONGS, or any of their MOSELYS and representatives and successors, who happened to exist and encumber the earth between the years 1842 and 1860. The goodly fellowship! It would be deemed an honour to be enrolled in the registrar's blue book in such company.

But the "Registrar's Directory," it will be said, would show the public who possessed a qualification, as none but qualified practitioners would find a place in the first division. What, then, is the "qualification?" The Bill says, in the interpretation section, that the word "qualification," as applied to a person practising medicine, shall mean *any circumstances* regarding his professional education, or his station in the profession, or the character in which he practises medicine, *whereon he founds his right or claim to practise.* This is comprehensive. The first division would be large. Any advantage which could accrue to scientific practitioners in the first division, thus registered, they would be slow in discovering. The public could derive no information from the mystifying index.

Such are the advantages that the medical profession would derive from "registration" under the Bill.

The Bill, however, proposes to constitute three medical councils; one for England, one for Scotland, and one for Ireland. The electors of the councils for any year shall be, it says, "those medical practitioners in "each respective country who hold a *medical* "*qualification*, and whose names shall be in "the printed register of the medical practi-"tioners for that year." The electors of each country are to elect twenty-four councillors; but Mr. WARBURTON has no confidence in the elected councillors; *twelve* more councillors are to be "appointed" by the Secretary of State, and "shall be *persons* "*who neither are nor ever have been engaged in* "*the practice of medicine.*" The three councils are to elect a senate of *thirty-six;* twelve to be "appointed" councillors. It is not enough. The powers of the senate are rigidly limited; they are allowed either to do nothing, or to do mischief; the senate has power to make and alter by-laws, *touching the periods of holding its sittings* in London, and *the time and mode of convening meetings during its sittings, and conducting its business;* touching the course of instruction to be pursued by students, and the examinations; and touching the expulsion of any fellow found guilty of "an infamous offence." The senate may make by-laws *to exempt candidates from examination;* and it will be lawful for the senate to print and publish a pharmacopœia. Their powers are thus absolutely defined.

Such is the system of SELF-GOVERNMENT which Mr. WARBURTON offers to concede to us; but that is not all. He has a small privilege in arrear. Medical practitioners are to be *taxed*, to an undefined extent, and the tax is to be collected by the collectors of the land and assessed taxes. It might be imagined, that the Bill would give the poor, crippled senate, or the "elected," who are to be kept in order by the "appointed" councillors, some control over this tax, or the fees accruing from examinations. Nothing is further from the honourable member's intention. The "monies" are to be paid into the Bank of England, *to the credit of the lords of the Treasury*, there to form "*A Medical Treasury Account;*" and the account is "to be subject, *touching the payment of all* "*monies into and out of the same*, and the "accounting for all monies so paid in and "out, to *such orders as the lords of the Trea-* "*sury shall from time to time think fit* "*to make.*" The registrar, who, as we shall see, is a most important officer, is to be appointed by the Secretary of State. Thirty-six councillors are to be appointed by the same minister.

The fees for examination and admission to the fellowship are to be *regulated* by the Secretary of State. The lords of the Treasury are to fix the salaries of the registrars, and of all the officers, clerks, and servants. The registrars, councils, and senate are to appoint such officers, clerks, and servants as they shall deem necessary, *subject to the approval of the lords of the Treasury*. The senate and councils are to be responsible,—not to their constituents for one single act of importance but, to the central government. This is centralisation with a vengeance, while the form of self-government and of free agency is preserved to the elected councils, as if in bitter derision. Who ever imagined that the honourable member for Bridport had, or could seem to have, so much of the MEPHISTOPHILES in his nature! How does it happen that he entertains such a profound conviction of the irremediable depravity of twenty thousand medical practitioners, and such confidence in the virtue, intelligence, and application to medical affairs, of all the Secretaries of State and lords of the Treasury who may hold office down to 1860! This is a question not of mere curiosity, but of considerable philosophical interest, and may require examination and an answer at some future day.

In the mean time, can medical reformers accept of this misbegotten, preposterous, prodigious Bill? Can they embrace a mockery of self-government, and the most elaborate insult which was ever offered, or could be offered for their acceptance, by the bitterest, most deliberate, and most contemptuous enemy? They cannot. If the Bill had been sent to them by an avowed enemy, they would have thrown it back in his teeth. It is presented to them by a mistaken friend—by Mr. WARBURTON—and they frankly, but firmly, reject it, cost what it may; as they are confident that their righteous cause, if it do not triumph now, will survive even 1860.

The interests of a city may be opposed to the interests of the kingdom, in some particular contingency, though any attempt to give practical effect to this opposition under the law could not produce the slightest bad effect. How, then, did it happen that, when the Municipal Corporation Bills were under discussion, Mr. WARBURTON never moved that *one-third* of the town-councillors in England, or Scotland, or Ireland, should be appointed by the Secretary of State, and be persons who had no property or interest in the place? Why did he not secure the towns from corporate rapacity, by a clause which would have directed all the rates to be paid into the Bank of England, to *the credit of the lords of the Treasury?* Why were not *all payments* to be paid *subject to the approval* of the lords of the Treasury? Why were not the salaries fixed by the lords of the Treasury? Why were not all appointments made subject to the approval of the lords of the Treasury? Was it because the old, self-elective, irresponsible municipal corporations had com-

mitted no crimes, or because the tradespeople of towns are more patriotic, trustworthy, and liberal, in their sentiments, than the medical profession, that they are to be trusted with *self*-government in the English constitutional sense of the word; while medical practitioners are to be awed into decorous behaviour by "appointed" councillors, and the French, hybrid, crushing system of misapplied centralisation? Or was it because Mr. WARBURTON was incapable of *analysing* the facts before him, and rising to general views of human motives, that he came to conclusions so diametrically opposed to those drawn by the just and right-thinking ABERCROMBIE, and the rest of the municipal corporation commissioners? Why, what would the citizens of London say to Mr. WARBURTON's preposterous propositions,—the citizens who successfully opposed the introduction of the metropolitan police? Would they allow the Secretary of State to appoint a *third* of the aldermen,—a *third*, too, who, as a *sine qud non*, did not live, and never had lived, in the city? What has the last Spanish revolution been? Simply the despotic attempt of the central government to appoint a small number of municipal officers; and Mr. WARBURTON imagines that the medical profession will accept and submit to what the citizens of England, and even of Spain, would reject with disdain—the mocking shadow of self-government. He imagines that the members of the medical profession will wear the ignominious sheet which he has prepared for them, and do penance for the depravity of the self-elective councils of the corporations, through a series of nineteen long years, in which he lets the iniquitous corporators themselves at large in undisturbed impunity. Would it not have been wiser to trust, and at least try the medical profession? If they proved unfit for self-government, then it would not have been too late to introd uce Mr. WARBURTON's Bill.

AT the top of the second page of the *Stockport Advertiser*, of the 3rd instant, stands the following advertisement, with a description of the sorts of wounds, bruises, and putrifying sores in which the articles described are professed to have been used:—

"HOLLOWAY'S OINTMENT AND PILLS,

Patronised by the greatest Medical Men of the Age.

THE following are a few of the distinguished Names who have used the Ointment in the Public Establishments to which they are attached:—

Sir C. BRODIE, Bt., F.R.S., Serjeant-Surgeon to her Majesty.
Sir R. DOBSON, Bt., F.R.S., Principal Surgeon, Greenwich Hospital.
JOHN ELLIOTSON, Esq., M.D., late Principal Physician, North London Hospital.
HERBERT MAYO, Esq., F.R.S., Senior Surgeon to Middlesex Hospital.
BENJAMIN TRAVERS, Esq., F.R.S., Senior Surgeon to St. Thomas's Hospital.
A. WHITE, Esq., F.R.S., Senior Surgeon to Westminster Hospital.
J. ANDREWS, Esq., F.R.S., Senior Surgeon to the London Hospital.
T. CALLAWAY, Esq., F.R.S., Surgeon to Guy's Hospital.
R. PARTRIDGE, Esq., M.R.C.S., Surgeon to Charing-cross Hospital.
J. BRIGGS, Esq., M.R.C.S., Senior Surgeon to the Lock Hospital.
J. MALYN, Esq., M.R.C.S., Surgeon to the Western Dispensary.
W. C. DENDY, Esq., M.R.C.S., Surgeon to the Infirmary for Children.
A. M. WAGNER, Esq., M.R.C.S., Surgeon to the Dispensary, Chancery-lane.
EDWARD BINNS, Esq., M.D., many years Principal Physician, Jamaica.
R. BRIGHT, Esq., M.D., Author of Treatise on Dropsy, &c.
J. HOWSHIP, Esq., M.R.C.S., Surgeon to Charing-cross Hospital.
R. A. STAFFORD, Esq., M.R.C.S., Surgeon to St. Marylebone Infirmary.
J. C. TAUNTON, Esq., M.R.C.S., Surgeon to the City Dispensary.
J. KING, Esq., M.R.C.S., Surgeon, Free Hospital, Greville-street.
J. BUSK, Esq., M.R.C.S., Surgeon to Seamen's Floating Hospital.
JOHN BISHOP, Esq., M.R.C.S., Surgeon to the Northern Dispensary.
G. PILCHER, Esq., M.R.C.S., Surgeon to the Surrey Dispensary.
A. C. HUTCHINSON, Esq., M.R.C.S., Surgeon to the Royal Metropolitan Hospital."

Circumstances induce us to believe that *all* of these quotations are not erroneously

made by the grease-and-pellet seller, but the system, either of forging "distinguished names," or of actually and willingly using quack ointments, and other secret and vicious compounds, in "the public establishments "to which the greatest medical men of the "age are attached," (GOD save the list!) is now carried to an extent that demands extraordinary personal interference on behalf of the parties whose names are forged, or of the press—that part of the press which does not wickedly abandon its columns to the interests of the mercenary and unscrupulous tribe of quacks. Two or three gentlemen, a few years since, did proceed against a person called FRANKS, for thus using their names. One of them, Mr. JOSEPH HENRY GREEN, moved for an injunction in the Court of Chancery, against FRANKS's advertisements, but only partially succeeded in his object; for it appeared that Mr. GREEN, and other surgeons as well, had really given to the quack a testimonial of the alleged virtues of his patent. This unwarrantable approval of a nostrum has since, had its imitators, even in face of the terrible exposures which the practice had already produced; but an end must be made, either of these scandalous bribes for publishing names and addresses, or of the forgeries of the quacks. We now, therefore, present to the notice of the gentlemen whose titles are above arrayed, the fact, the date, and the place of publication,—though the crime has, doubtless, been repeated in scores of other newspapers,—and select two surgeons from the list, upon whom we call for either a confession or a denial of the authority of the advertiser thus to disgrace our profession, or to abuse the public by what would *seem* to be his forgeries. We take the names of Mr. MALYN and Mr. DENDY, gentlemen whom we have always considered to rank amongst the most respectable and conscientious medical practitioners in the metropolis; and, in the name of their scandalised brethren throughout Great Britain, request to know, in some letter or form which can appear or be used in the next LANCET, whether either Mr. MALYN or Mr. DENDY has ever used on any patient, in any "public establishment," or has ever given a testimonial in commendation of, the nostrum called "HOLLOWAY'S OINTMENT," or that denominated "HOLLOWAY'S PILLS."

BRITISH ASSOCIATION.

ABSTRACT OF DR. PARRY'S PAPER,

On the circumstances which govern local inflammatory action, the effusion of coagulable lymph, and the formation of pus, as the sequlæ of disease, accidents, surgical operations, &c.

AFTER pointing out the phenomena of inflammation, its dependence upon nervous energy, and the various opinions entertained by pathologists respecting this, and the formation of coagulable lymph, pus, &c., the author differed, to a certain extent, from the opinions of Mr. Hunter, who, contended that pus was a secretion from the blood, the part affected performing the office of a gland; while Gendrin, Carswell, and others, believe that the purulent matter is formed from the fibrine of the blood itself, in consequence of its stagnation. Neither of these opinions were considered by the author of the essay as affording a satisfactory explanation of the phenomena.

The generally-admitted fact, that in the weak and strumous, and in those debilitated by long confinement in an hospital, severe accidents, surgical operations, and severe parturition, inflammation was more easily set up in the system than in the strong, is a point of great importance, as explaining the source of local inflammatory action.

It was observed by Dupuytren, that of those who died in the Hotel-Dieu, after operations, the majority perished in consequence of inflammation of some internal organ. Sometimes two, three, or even four organs being affected at the same time in the same individual.

This accorded with the experience of the author, as, after local inflammation, the effusion of coagulable lymph or the deposition of purulent matter occurred most frequently after adynamic fevers, particularly when the brain and nervous system had suffered severely. So after other contagious exanthematous fevers (none of which the author considered as inflammatory in the first instance).

The essayist found, that out of 1070 cases of fevers admitted into the Albion-street Hospital (all males), 155 died; and while in the convalescent stage 93 of these were seized with local inflammation (of which 44

died) generally of some internal part, as pleuritis 15, 5 of which died; laryngitis 3, 2 of which died; pneumonia 7, 5 of which died; parotitis 12, of which 5 died; erysipelas 24, of which 12 died; purulent deposits in joints 3, of which 3 died.

On inspection it was found, that in the head the membranes were more vascular than usual in 85; that an effusion of serum into the subarachnoid tissue, amounting from half an ounce to five ounces, existed in 99; at the base of the brain 82; in spinal canal 33; and of purulent effusion into the ventricle, or surface of brain, 3.

There was recent effusion of coagulable lymph in the right side of the chest in 24; in the left side 8; in both sides 13; recent pneumonia and hepatisation of right lung 14; of left 8; of both lungs 3; of gangrene of lungs 3; old adhesions of right side 30; of left 24; of both 21; heart softened in 72; blood dark and fluid in 870; vascularity of stomach in 69; of small intestines 61; of colon 33; enlargement of aggregate glands of intestines 66; of solitary 19; of mesenteric glands 25; spleen, softened and pulpy, 99; enlarged, 30; and so of other organs; from the universally-admitted facts, that whenever the patient was much reduced in strength, or of a weak and strumous habit, or had been weakened by long confinement, or severe suffering, irritative fever with suppuration was often the result.

Thus local inflammation, the effusion of coagulable lymph, or the deposition of pus, occurred most frequently after adynamic fevers, when the brain and nervous system had suffered severely; so, often, other contagious exanthematous fevers; none of which the author considered in the first instance as inflammatory, but as the result of a change produced upon the blood, and the capillary vessels, by the previous shock or over-excitement. In fact, that the congestion of the vessels, the effusion of coagulable lymph, serum and pus, were the result of innervation; and the rapidity with which such products were formed might be taken as a test of the extent to which innervation of the blood and of the vessels, local or general, existed. To remove this state, by restoring the equilibrium of action, was the object of the physician.

ABSTRACT OF DR. HANNAY'S PAPER,

On the washing of the chest with cold water in pertussis.

To this enlightened audience it is quite unnecessary to delineate the phenomena of the disease, or describe the various theories entertained respecting its nature. One practical fact I would bring strongly before the section, that is, the susceptibility to the impression of cold on the economy, as shown in the frequent supervention of bronchitis, pleurisy, and peripneumonia, and other diseases, of which cold is the most frequent and certain exciting cause. Now, for this high sensibility to the impression of cold, no remedial measure is so likely to prove efficacious as cold washing of the chest. The efficacy of cold washing in bronchitis, of a chronic character, has been long acknowledged; and whatever may be the other pathological states (and others than mere bronchitis there must be) existing in pertussis, this one is necessarily present, therefore cold washing *must* prove serviceable. As an invigorating or tonic power, its virtues, too, were useful in pertussis, particularly in the advance of the disease, when various forms, degrees, and extents of gastro-intestinal irritation exerted and produced impaired power of the digestive organs.

The efficacy of cold ablution in many spasmodic diseases, and amongst which there were reasons for placing pertussis, led to the belief that it proved beneficial as an antispasmodic in the cure of this disease; and the author of the memoir averred that he had derived from cold washing, on this principle, much benefit in laryngismus stridulus, decidedly a spasmodic affection. It also, when done as he directs, proves powerfully rubefacient—a class of agents which, time out of mind, have been popular in the treatment of pertussis. But it surpasses the ordinary rubefacient in fulfilling other and important indications, which none of the ordinary remedies of this class effect. It is antiphlogistic, and proves also invigorating, restoring digestion, and by its antispasmodic powers allaying the spasmodic cough. After relating some cases to show its power, the author described his mode of washing, and entreated particular attention to his method, as the only way of securing his results.

It should be done in a warm apartment. The coldest water, to which a little vinegar, alcohol, or eau de Cologne, should be added, is to be used, enveloping the hand in a towel. It is to be dipped into the epithem, and the washing speedily, very speedily, performed over the whole chest, which is to be dried with a towel, previously warmed, so that a red glow or reaction may be produced. This is to be repeated twice at least, nay, three or four times each day.

In this way the author states he has cured many cases in a few days; and in all has much shortened the duration of the disease. He is not deterred from using it *in the way he describes*, even by the existence of febrile bronchitis; and, though not very decided on this point, would not hesitate to employ it, even in cases complicated with peripneumonia. He has used it at all seasons, and in all cases; and not only with perfect impunity, but with advantage. Such is a brief outline of the author's views, which he pledged himself to

publish, and illustrate with cases. One or two, of a striking character, of these cases were laid before the section. One vast superiority of the remedy, appeared to the author to be the possibility of getting it applied; whereas, remedies cannot easily be forced on children ill of pertussis.

MEDICAL SOCIETY OF LONDON.

Monday, October 5, 1840.

Dr. Clutterbuck, President.

CARBONIC ACID GAS AS A COUNTER-IRRITANT.

The President, in reference to the discussion of last week, on the use of carbonic acid gas as a counter-irritant, stated that, ten years ago, he had a patient under his care, suffering from great irritation, with some prolapsus of the uterus The general health became much impaired, and the patient experienced no benefit from the treatment pursued. Under these circumstances she was recommended to make a stay in Italy. While there she consulted Dr. Rossi, of Turin, who paid much attention to her case, and, when she left Italy, gave her a report of his opinion, and of the practice he had adopted. This report he (Dr. Clutterbuck) had referred to since the last meeting of the society. Professor Rossi therein stated, that, after careful examination, he had come to the conclusion that there was no organic disease of the uterus, but a preternatural irritation of the genital organs altogether, and that the general health was suffering from sympathy with the local disease. His object in treatment was, therefore, twofold; the first indication was to lessen the organic sensibility of the uterine system by local applications; and the second, "to diminish the animal sensibility generally." The latter was effected by the administration of pills containing hyoscyamus and asafœtida; and the first by the repeated local application of carbonic acid gas to the uterus, in the manner described by Dr. Johnson. The quantity of gas applied was thirty cubic inches on each occasion. Nine hundred and thirty cubic inches were applied altogether. The local disease was removed, both the irritation and the prolapsus altogether ceasing, and the health became restored. The patient continued in good health as long as he (Dr. Clutterbuck) had the opportunity of seeing her. As far as a single case went, this one supported the favourable account given by Dr. Johnson of the effects of carbonic acid gas.

Mr. Hird, in addition to the case of sciatica he had mentioned last week, which was cured by the application of carbonic acid gas in the course of the nerve, had since been informed of several cases of severe ophthalmia, which had given way under the same mode of treatment. The stream of gas in these cases was directed into the eyes; the first sensation was that of intense smarting, which was succeeded by profuse lachrymation and much relief.

Some discussion followed on the *modus operandi* of the remedy.

Dr. Clutterbuck thought it could be more advantageously placed under the head of counter-irritants, or counter-agents, than any other.

Mr. Harrison considered that the action of the gas was stimulant, and effected good in cases of subacute inflammation, in the same way as the "golden ointment" was beneficial in cases of subacute ophthalmia. In acute inflammations, the carbonic acid gas would not be resorted to. Some years since he had been in the habit, at the suggestion of the late Mr. John Pearson, of passing a stream of hot air along the course of the nerve in cases of chronic sciatica. By an apparatus he had invented at the time, he could so regulate the temperature as to make the stream of air merely warm, or scorching hot, as the case might require. The application of this remedy three or four times a-day was usually successful in relieving the patient.

Mr. Simpson inquired if the relief in cases of uterine irritation might not be fairly attributable to the absorption of the gas by the capillary vessels, acting as a sedative upon the sensibility of the nerves. Oxygen, he believed, was absorbed by the mucous membrane of the bladder, with the contrary effect.

STRANGULATED INTESTINE.

Mr. Hancock exhibited two preparations illustrative of the following case:—A man, fifty-eight years of age, was admitted into the Charing-Cross Hospital, on the 1st of September, at five o'clock, p.m., suffering under symptoms of strangulated oblique hernia of the right side. The gut had been down for about four hours previous to his admission; the protrusion occurring in consequence of his efforts at stool whilst without a truss, which he had worn for this rupture for the last eight years. He was usually very costive; he now experienced little pain in the part; the taxis, applied on his admission, although ineffectual, only slightly increased his suffering; the abdomen was rather tender on pressure; Dover's powder and the application of fomentations was prescribed; he became very sick in the evening, but no stercoraceous matter was brought up: at nine o'clock the hernia was reduced with comparative ease, after about half an hour's application of the taxis, the man complaining during the time of much pain in the loins; the truss was now adjusted, and castor-oil administered; he had two or three stools; he continued, however, to vomit occasionally, but during the

night enjoyed about an hour or two of sleep; on awaking he was again sick, and continued so at intervals; he subsequently became very restless, but exhibited no symptom of strangulation except the vomiting, and took at eight o'clock with apparent relish a hearty breakfast, shortly after which he suddenly sank back and expired. On examination after death the hernia was found to be completely reduced. From the external pillar of the internal abdominal ring was a loop of peritonæum passing to the left iliac fossa, and strangulating about four feet of the small intestines, with a portion of the mesentery. The strangulated intestine at the first glance might have appeared to be mortified, but on examination it had neither the feel nor appearance of being in that state; it was, however, so highly congested as to be quite black. (The portion exhibited in spirit to the society, when held up to the light, was of a deep port-wine colour.) The strangulated portion of intestine was distended by dark-coloured blood; the peritonæum was entire, and not torn in any part; the adventitious membrane had not the usual characters of these formations; there was no ulceration, swelling, or alteration of structure in the part; the membrane seemed to consist merely of a loop of fibrous tissue. At first, Mr. Hancock supposed that the strangulation might be the result of some abnormal distribution of one of the arteries in the neighbourhood; but this, on examination, was found not to be the case. He was now inclined to think that the hernia in protruding had dragged the adventitious membrane tightly across the intestine, and strangulated it; that the congestion was consequent upon the length of time the hernia had remained strangulated, and that after the protruded bowel was reduced, the pressure of the adventitious membrane remained, in consequence of the great distention of the bowel by the blood it contained.

Some discussion followed, having reference to the cause and nature of the strangulation.

ST. MARYLEBONE INFIRMARY.

CASE OF ABSCESSES OCCURRING IN THE BRAIN.

MARY S., æt. 19, admitted in the last stage of phthisis, states, that she has been subject to spitting of blood, on making any exertion, for the last eleven years, and has been getting gradually worse for the last three months; the spitting of blood during the last week amounted to about three pints. Her mother died under my care of phthisis about three years ago, at which period this girl had medicine prescribed for her, of which, or of her symptoms, no note was taken at the time. I am indebted to Dr. Harrison (whose patient she was in the infirmary) for the following brief note of her symptoms on admission:—Pulse rather quick, jerking, compressible; skin hot; tongue whitish; bowels open, though usually confined; catamenia ceased four months ago; severe headach during the last three days; nausea for the last week; vomited this morning some greenish-coloured matter. On examining the chest, a dull sound was elicited by percussion under the right clavicle, with considerable flattening of that region, &c. During the two following days the headach became progressively worse; considerable excitement now existed, and she often shrieked out from the intensity of the pain; the vomiting still continued; pupils slightly dilated; following day more composed; pain less acute; seemed afraid to move her head from the pillow; spoke in an under tone. The next morning little apparent change; she could get out of bed without any assistance when she had occasion to do so. About half an hour after this she died quite tranquilly.

Autopsy Twenty-five Hours after Death.

Head only to be examined. On removing the dura mater slight cohesion was found to exist betwixt the surfaces of the arachnoid, which presented a dull, glazed appearance; it communicated to the touch a feeling of dryness, with unctuosity; the convolutions appeared flattened; veins considerably distended with blood. On the superior, posterior, and outer portion of the left hemisphere was observed a deposit of purulent matter, as large as a shilling, extending into the substance of the brain; the anterior half of the body of the lateral ventricle was filled with pus, streaked with blood. On examination a deposit about the same size as the first was found in the inferior and inner portion of the corpus striatum; a smaller deposit existed in the inferior, anterior, and outer portion of the left hemisphere; and a fourth, still smaller, was found in the cortical substance of the upper and anterior portion of the right hemisphere. On the surface of the arachnoid, at the junction of the pons Varolii, with the medulla oblongata, there was a yellowish deposit, probably the result of inflammatory action. The interior of each of the cavities containing the purulent deposits seemed to be lined with a distinct membrane; that lining the small cavity in the cortical substance was smoother than those of the others, which were all more or less irregular in their interior, especially that in the corpus striatum, on the inferior surface of which there were some enlarged vessels, and the pus in this situation was mixed with a little blood. The matter in all the cavities, on examination, presented the characters of healthy pus.

The symptoms of cerebral disturbance were only complained of eight days before

death, and they did not arrive at their height till forty-eight hours before that event, when she presented all the symptoms of a person labouring under acute arachnitis. I recollect a male insane patient under the care of the late Dr. Sims, exhibiting very similar symptoms, followed by death; he said, at the time, we should probably find a dryness of the arachnoid membrane. The post-mortem examination proved that his opinion was correct. The late Dr. Hooper of this institution has recorded a few cases of a similar nature. The works of Morgagni, Portal, Baillie, Abercrombie, &c., furnish several examples. A case occurred in the practice of this infirmary of abscess in the pons Varolii, which was exhibited by Mr. Obre at one of the early meetings of the Pathological Society last season. *Vide* LANCET, March 28, 1840. Such cases are, notwithstanding, very rare, only two or three examples of it having occurred out of many hundreds of examinations of cerebral complications made at this infirmary during the last six years. Cerebral symptoms, at the termination of phthisis, are by no means uncommon; from an analysis of fifteen cases of that disease which were examined here during the autumn of 1839, it appears two cases were attended with delirium: in one of these there was softening of the septum lucidum, and about three ounces of fluid in the lateral ventricles; the other case also contained a somewhat smaller quantity of fluid in the lateral ventricles. Dr. Clendinning, in one of his clinical lectures here last year, related the case of a young man who was admitted into the infirmary in a state of delirium, and complaining, by various intelligible gestures and cries, of intense pain of the head, without coma or affection of the pupils, and making no other complaint, nor seeming to suffer at all otherwise. He was wasted, and had a slight cough, without expectoration; dulness, on percussion, and depression of both subclavian regions. The restlessness of the patient prevented satisfactory auscultation, but the case needed no further light than that elicited by the fingers for decisive diagnosis. After ten days or a fortnight he sank. The brain and membranes were congested, and pure serum, amounting to above two ounces, existed in the ventricles; the convolutions moderately flattened. There was no pus, or lymph, or thickening, or other unequivocal evidence of inflammation in the head. Large excavations existed in the apices of the lungs. The closing scene of other chronic diseases are also occasionally marked by delirious excitement, resembling that of arachnitis: it often happens, in such cases, that we are unable to detect any alteration of structure, and have to rest satisfied with denominating it a *functional* derangement.

R. BOYD, M.D., Resident Physician.

OBSERVATIONS ON

DYSMENORRHŒA AND ITS TREATMENT.

Addressed to the Members of the Provincial Medical Association.

By J. STEPHENSON BUSHNAN, *M.D., Fellow of the Royal Coll. of Phys. of Edinb.*

GENTLEMEN:—I am induced to address to you the observations and queries contained in the following circular, by the conviction that medical authorities have hitherto directed much less of their attention to dysmenorrhœa or difficult menstruation, than the frequency of the disease, and its very injurious influence on female health, imperatively call for.

My own attention has been strongly drawn, of late, to this affection, by the very evident good effects of an ointment of veratria applied to the region of the sacrum; and it occurred to me, considering how slow and liable to fallacy the experience of a single individual is, even under the most favourable circumstances, that, by appealing to the zeal and humanity of my medical brethren, and particularly by availing myself of the good fellowship of the members of the association, I might be able to collect, in a comparatively short time, with a view to publication, much information of the greatest practical use, regarding the varieties of this painful affection, the comparative frequency of each variety, and the extent to which, in these, the proposed remedy is applicable.

Since I stated the result of my experience of this remedy to the Provincial Medical and Surgical Association, at the Southampton meeting in July, I have received numerous communications upon the subject, some asking for further information as to the employment of the ointment, and others announcing the complete success experienced by its use. From these, however, I shall select but one example: Dr. Jeffreys, of Liverpool, having determined to try the remedy, writes me on the 19th August, "a most distinct and distressing instance has, within these few last days, fallen within the sphere of my observation; and the efficacy of your remedy has afforded me great satisfaction and unspeakable delight to the young lady and her family, whose age is about twenty, and who has suffered beyond all description from this distressing visitor from the first appearance of the catamenia."

The ointment used was of the same strength as that which I employ: namely, made with half a drachm of veratria to an ounce of prepared lard; and a portion the size of a hazel-nut was rubbed three or four times a-day upon the sacrum.

That there should be a very considerable diversity in the symptoms as well as

in the states of the habit, in which dysmenorrhœa occurs, could not but be anticipated, even if the disease had been determined to be, on the whole, of one character. And it appears to me to be the greatest defect in our knowledge of this malady, that it is not sufficiently settled, whether the varieties are of an essential, or only of an accidental kind; that is, whether there be forms of the disease which, as requiring, from their own intrinsic nature, a separate kind of treatment, deserve to be distinguished specifically from the others. Mere complications of a disease do not afford an adequate ground for the distinction of species. Thus, though it may be admitted that inflammatory symptoms do sometimes attend dysmenorrhœa, it does not therefore follow that the disease is ever essentially inflammatory, or that there is an inflammatory species, that is, one depending, for its existence, on inflammation. It is, however, very desirable to have it settled beyond all doubt, whether there be such an inflammatory species, however rare, and if there be not, how far inflammatory symptoms are apt to be accidentally concomitant. Were it not for the statements of authors worthy of credit, I should be myself inclined to think that there is no essentially inflammatory species, and that inflammation, as a concomitant, is exceedingly rare.

Though it does not appear that the varieties commonly met with in practice, or described by authors, are of such a kind as not to be explicable on the supposition of the mere casual variation of one disease, still it is advisable to ensure accuracy, to consider well any evidence that may be suggested to the contrary, and, in particular, to note under what difference of circumstances, if any, the simple and membranous discharges occur; again, to take pains to discover whether the violent and painful efforts, which sometimes occur at the monthly periods, without any menstrual secretion whatever, and which have been termed menstrual ischuria, be more allied, in their origin, to dysmenorrhœa, or to amenorrhœa, to which last verbally they belong; also whether there be anything peculiar in that form of the disease, in which the secretion comes off painfully, drop by drop, named, like the last, in analogy to the corresponding disease of the urinary system, menstrual stranguary. (Capouron, "Traité des Maladies des Femmes," p. 70.) Such names, however, I think it were better to avoid.

Moreover, there are differences, in the kind of pain, in the time of its occurrence, and of its duration, which deserve attention, as possibly bearing on the character of each case. Thus, as it is well known, the pain usually precedes the discharge, and disappears as this becomes free; yet, on other occasions, the pain, during its whole continuance, is attended with a discharge more copious than usual, escaping in gushes, and mixed with coagulated blood; while, at other times, the pain does not begin till the secretion has gone on regularly for some time, the pain bringing with it either an increase or diminution of the discharge, but not ceasing till the secretion is entirely at an end.—*Cyclop. Pract. Med., art. Dysmenorrhœa.*

Another point upon which some doubt seems to exist, is, how far dismenorrhœa is a cause of abortion, or whether it is not more uniformly a source of sterility. Unquestionably the membranous discharges have been mistaken for abortions; the proof, however, of such a mistake having been committed, does not put the question at rest. This, then, is a part of the history of the disease still open to investigation; for there is no better agreement in regard to it, among the authorities of our day, than among those of the preceding age. (See "Parr. Lond. Med. Dic., art. Menses;" Hamilton, "Outlines of Midwifery;" "Cyclopædia," l. c.) I am myself inclined to think that conception is a very rare occurrence during the continuance of dysmenorrhœa.

Lastly, since leucorrhœa sometimes is conjoined with dysmenorrhœa, it is very desirable to ascertain, as far as possible, in what proportion of cases this complication exists.

The acknowledged good effects of opiates point to the nervous system as the source of this disease. It may be regarded as falling under what Andral terms perversion of nervous action. "Precis d'Anatomie Pathologique," tom. i., p. 574. The vascular orgasm, or hyperemia of the uterine system, which, occurring monthly, relieves itself by secretion, in healthy females, without any very great constitutional disturbance, proves too great a stimulus to the nervous system at large, or, at least, to that part of it connected with the female reproductive organs, in those in whom an undue nervous excitability exists. Hence, as in other cases of unusual irritation acting on the nerves of a part, or of ordinary excitants operating on an undue susceptibility of the same, extraordinary sensations and movements arise, and are followed by impediments to the natural function of the uterus, even in so far as it depends on the vascular system, in which the nerves themselves may be but remotely concerned.* Narcotic substances, by dimi-

* Any lengthened remarks upon the general theory of nervous diseases would be out of place, but *brevis esse laboris, obscurus fio*, and I may here observe:—

1. That unusual irritations of sentient nerves are followed by deranged actions of muscular organs through their motor nerves.

2. That ordinary stimuli acting on an un-

nishing the excitability of the nerves, break or weaken the chief link in this chain of morbid changes, and thus permit the ordinary powers of the system to operate with less embarrassment.

Supposing this view to be correct, experience alone can teach what narcotics, and what mode of applying them, are best adapted to the purpose.

The benefit afforded by opium is undeniable; yet that does not exclude the possibility of the ointment of veratria being of much greater effect, and the application of it to the region of the sacrum appears to afford the readiest channel by which the pelvic nerves can be acted on.

My recommendation, however, of this remedy is not founded on speculation, but on experience; and I have a just confidence that success will also attend the employment of it in your practice, if you will consent to make the trial.

May I then request you to take the trouble to mark the result of your experience on the inclosed table, and transmit it to me. Your doing so will confer on me a great obligation, and contribute, as I anticipate, to the diffusion of a more exact knowledge, among the profession at large, of the nature and treatment of this painful and distressing malady. I have the honour to be, your most obedient servant,

J. Stevenson Bushnan.

Castle Cary, Somerset, Oct. 1, 1840.

Table to be filled up and returned to Dr. Bushnan.

1. Number of case.
2. The age of patient.
3. Whether single, married, or widow.
4. If had any family.
5. Duration of dysmenorrhœa.
6. Whether discharge is simple or membranous.
7. Is there any suspicion of inflammation?
8. How long before the discharge does pain begin?
9. Does the pain cease on the appearance of the discharge?
10. Does the pain accompany the discharge?
11. Does pain appear only towards the end of the period?
12. Is the discharge copious?
13. Are there violent efforts at the monthly periods, without discharge?
14. Does the discharge flow, drop by drop, with pain?
15. Can you trace distinct abortion to dysmenorrhœa?
16. Is leucorrhœa present, and to what extent?
17. Treatment by ointment of veratria.
18. Result.

N.B.—Any remarks can be written below. *To be signed with the name and address of the communicant.*

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usual susceptibility of sentient nerves produce similar derangements.

3. That the nerves of the uterus are unusually susceptible of irritation at the menstrual periods.

4. That derangements of nervous action disturb secretion, even though secretion be not directly dependent on the nerves, being a function of the vascular system only.

REPLY FROM ST. GEORGE'S IN THE EAST.

To the Editor of The Lancet.

Sir:—I trust to your impartiality for the insertion of a reply to the anonymous communication inserted in your Journal of last week, from a person who has styled himself "A Medical Practitioner of St. George's in the East." I have nothing to retract or disavow as regards the sentence in my letter which has apparently excited the impotent wrath of your learned correspondent; with the exception that he has omitted the little adverb "nearly," which might, perhaps, in some measure, have modified the obnoxious sentence, and rendered it somewhat more palatable to him. He ought, however, to have remembered that the letter alluded to was hastily written, to an ignorant woman, and was not intended for publication, or to be read by such an enlightened critic as he appears to be. The letter was produced by the woman at the inquest, and I could possibly have no control over its publication in the newspapers. With regard to the other observations of your correspondent, I dare say he is already aware that I have for a long time past discontinued half-guinea midwifery (which, by-the-by, is the standard fee in the neighbourhood among the common people, and for which sum many respectable practitioners still continue to attend), and, doubtless, some of my relinquished obstetrical patients have fallen to his share, which circumstance will sufficiently explain his apparent acquaintance with the matter. I think the documents I have inclosed will prove to you that the institution mentioned by your correspondent, is not a "mere nominal one," nor yet such a "perfect nonentity" as he appears to be.

I shrewdly suspect your correspondent to be one of those numerous practitioners who infest this populous locality without legal qualification; but you, Mr. Editor, must know from experience, that curs will bark and howl, although they seldom bite or do much mischief. I am, Sir, your obedient servant,

Edward Augustus Cory.

Cannon-street-road, Sept. 21, 1840.

*** Our correspondent of last week will find nothing to reply to in the above letter, under an *anonymous* signature. For our own part we should hold such institutions as East, West, North, and South London "Lying-in Institutions" in the most sovereign contempt, did we not find reason too often to regard them as dangerous and hypocritical both to patients and the public; and we never see the name of a physician professing claims to respectability and reputation—such as Dr. FRANCIS H. RAMSBOTHAM may think himself entitled to put forth—attached to the circulars and advertisements of these adventurous establishments, without a feeling of regret on behalf of the good name and welfare of the profession.

While on this subject, we may take the opportunity of observing that very often, in these circulars, the most unwarrantable liberties appear to be taken with the names of professional men, to promote the object of the advertisers. We subjoin an example extracted, *verbatim*, from a hand-bill recently received from a correspondent in Southwark,—a melancholy specimen of the point of degradation to which the name of public "Medical Charity" is reduced, in its conversion to the purposes of private gain:—

"AT THE REVOLVING LIGHT,

"4, PARK-STREET, BOROUGH-MARKET,

"MR. WAY,

"*Surgeon, Accoucheur, Cupper, Dentist, and Herbalist (late Cupper in an extensive Hospital),*

"May be consulted at any time of the day relative to all diseases incidental to the human frame. The experience which Mr. Way has had in the hospitals of this and other countries, as well as in his private practice, enables him to assert (without fear of contradiction) his claim to distinction in every branch of his profession.

"Mr. Way has been peculiarly successful in relieving and curing the following disorders, viz., rheumatism, pains in the head, limbs, stomach, and bowels, lumbago (or weakness in the loins), flatulence, &c. &c., which he cures in a few days; as also the complaints to which females and children are peculiarly subject; and he is surprisingly fortunate in curing that destructive disease (which cannot here be named), under the influence of which, thousands of both sexes sink from want of proper care and early application to some competent and experienced surgeon.

"If Mr. Way be called to attend the wives of poor persons in their accouchements, his charge is one-half of the usual *fee*; and he extracts the teeth of the poor, with his newly-invented and highly-approved instruments, every morning until ten o'clock, upon the same terms; and he vaccinates gratis, on Mondays, Wednesdays, and Fridays.

"*** Dr. Blundell's institution for delivering poor pregnant women is placed under the immediate superintendence of Mr. Way, who delivers letters to those who are within its limits; securing to them the attendance of competent medical men, free of expense. Dr. Blundell or Mr. Way will attend in all urgent cases, and no person so attended will be dismissed until her state is approved of by Dr. Blundell."

SUGGESTIONS OF AN ATTORNEY TO A SURGEON.

To the Editor of THE LANCET.

SIR:—Amid all the advances that the medical profession is making in this reforming age, and to none is it so largely indebted as to yourself, one barbarous and most injurious custom still clings to the general practitioner, and, until it be abolished, must continue to debase him in the estimation of the public, and render that which ought to be purely a scientific *profession*, a compound of trading and chicanery; I allude to the disgraceful practice of seeking remuneration for medical *time* and *skill* through the supply of inordinate quantities of medicine! I do think, Sir, that in the present enlightened age, and for the honour and credit of the profession, this obnoxious system should be at once exploded by a consentaneous agreement of its members, and thus get rid of the opprobrium of sending physic, less for the benefit of the patient than that of the practitioner. The public now suppose that a medical man's *time* and *advice* are of no value, as he sets none upon them himself in his accounts, and they are, therefore, indifferent as to the trouble they give him in visits, for which they do not pay, while they are very ready to grumble at his charge for medicine; not considering that, in towns, it is under the existing system, the only and very inadequate means of remuneration for his time and skill, as well as for the remedy. This is a very proper subject to be taken up by the medical associations, for if the profession could be induced to co-operate thereon, and agree upon making regular charges for their time and advice, and more moderate ones or none at all for medicine, they would both greatly add to their respectability, and *diminish* their expenses in the articles of drugs and phials.

I make these remarks, partly, from a pa-

tient in this town (a solicitor, and who, therefore, knows full well the value of professional *advice*) voluntarily desiring me to charge him 2s 6d for every professional visit made to him, or his family, that I might be paid for my trouble, without being compelled to send in more medicine than was absolutely necessary. This plan, acted upon generally, would serve as a check upon patients giving unnecessary trouble. I have myself adopted it in several instances. In relation to the means and appliances which he brings into action, and the immense advantages to society derived from his skill, the general practitioner is *the worst paid man in the community*. The veterinary surgeon far exceeds us in the rate of remuneration; but this probably proceeds from *the higher value of the animal* he attends, for it is certain that he will make as much out of one such patient in a week as we frequently can for the treatment of a *human being* in a month.

At present a general practitioner may give his time and advice in cases where little or no medicine is required, and obtain nothing for either. To obviate this, I would suggest that in all cases where medicine was not required advice only should be charged for, or the visit; and where medicine was required, only what is necessary should be sent for and charged, in addition to the visit. Something of this kind should absolutely be resolved upon, to rescue the profession from its present degrading position. I remain, Sir, your obedient servant,

WILLIAM MOSS.

Windsor, Sept. 25, 1840.

*** This is a sensible letter on an important matter, and should assist to revive the consideration of a subject to which attention has often before been called in our columns.

PROFESSIONAL REGULAR QUACKERY.

To the Editor of THE LANCET.

SIR:—Although but a humble general-practitioner, I trust you will allow me to express my thanks for the able and fearless manner in which you exposed in your last Number some of the numerous and contemptible practices of the advertising fraternity. You quote only one paper in which the squint-quackery announcement appeared; whereas, it was published so repeatedly, and in such a variety of newspapers and periodicals, in all parts of the kingdom, that the author must have become as well known as the great Dr. Eady. Whether these two worthies will agree no better than Dr. Richard Rock, F.U.N., and Dr. Timothy Franks, F.O.G.H., the heroes of Goldsmith's Essay,* remains to be seen.

May I be so bold as to inquire who pays the great expense which must be incurred in advertising "by order?" Surely it has not been charged upon the funds of the charity? Yet on what other plea becomes the "secretary" of the charity linked with the advertisement? As you have noticed the contempt with which one great writer has treated empirics, I take the liberty of quoting the following words of another English classic, in his essay on "Quack Advertisements." ("Spectator," No. 444.*) "There is a doctor," says Dr. Steele, "in Mouse-alley, near Wapping, who sets up for curing cataracts, upon the credit of having, as his bills set forth, lost an eye in the emperor's service. His patients come in upon this, and he puts out their eyes with great success." I have the honour to be, Sir, your very obedient servant,

CYCLOPS.

* Citizen of the World, Letter lxviii.

* British Essayists, edited by Chalmers, vol. x., page 262, being the 6th vol. of the Spectator.

WANT OF MEDICAL MEN IN INDIA.

INSULT TO THE PROFESSION.

It appears, from recent despatches from India, "that the great accession of territory which has been of late years acquired, has called for such an extra supply of medical men, that the newspapers of all India are doing nothing but complaining of the want of medical assistance at different portions of the empire. It appears that the profession itself has much to complain of, and numerous have been the instances of injustice which have been recorded, and the unhandsome treatment which it has received, from Sir John Hobhouse and the Court of Directors. A memorial, it is understood, has gone home, which the Governor-General has supported by directing the attention of the Court of Directors to it, and desiring to draw their notice to particular passages."

PROFESSOR PLAGIARY.

To the Editor of THE LANCET.

SIR:—Pray allow me, under the above heading, to ask, through the medium of your widely-circulated Journal, whether it be indeed true that this *celebrated* professor has been appointed a member of one of the Committees of the British Association for the Advancement of Science? I do assure you, Sir, that many considerate and intelligent men will not believe that any such appointment has been attempted. I am, Sir, your constant reader and admirer,

NICODEMUS.

TREATMENT OF BURNS AND SCALDS IN RUSSIA.

To the Editor of THE LANCET.

SIR:—On reading "Bell's Weekly Messenger" of the 15th August, I remarked a notice of a coroner's inquest, on the body of Sarah Burke, aged three years and a half, to which the following remark is appended:—

"It is a strange fact, but nevertheless true, that there is no effectual general remedy as yet safely established for the cure of burns."

Anxious to contribute my mite, perhaps, to the alleviation of the sufferings of my fellow-creatures, and recollecting that the surgeon who is good enough to attend me, Francis Arden, Esq., Member of the Royal College of Surgeons, and staff-surgeon in the Russian service, had been eminently successful in his cures of burns, I requested him to give me a note of his mode of practice, and he wrote me the subjoined:—

"During my practice in Russia, say for the last twenty-four years, my treatment of burns and scalds has been the immediate application of pounded ice, or snow. Until that was procured, I have used the coldest water, and continued its application from six to eight hours; after that, the simple Goulard water. In most cases there has not been any desquamation of the cuticle; when it has occurred, the first dressings were cerate of yellow resin, oil of turpentine, and after that the simple cerate. I am happy to say, that out of some eighty patients thus treated, I have not lost one. There is, at present, living at Hull, George Sharp, late cook of the *Moscow*, Captain Donaldson, and now, I believe, keeping a marine store in that town, whom I cured by the above treatment, he having fallen with his bare arm into a kettle full of boiling pitch, which was, consequently, in immediate contact with the skin. His cure was performed in sixteen days. The chief part of the other persons are residents of this country, where the constant use of the vapour-bath exposes them to frequent accidents of this nature." Should you require any detailed cases, I doubt not that my friend will furnish them; and, at any rate, after about eighty cures, and not one death, the experiment is worth trying.

In this country, every moderate-sized house possesses an ice cellar, by which means there is no want of the article, even in summer; but although houses of the same cast in London cannot enjoy the same indulgence, still so excellent a remedy might be kept, or formed, at the hospitals, at no great expense.

As I am unknown to you, I beg leave to refer you to the Foreign-office, to any of the ambassadors who have resided in this country, to any established merchant trading to St. Petersburg, or to any of the older members of the Baltic Coffee-house; and have the honour to remain, Sir, your most obedient servant,

JOHN BOOKER,
British Vice-Consul.

Cronstadt, Russia, Sept. 9, 1840.

FOUR CHILDREN AT A BIRTH.

JANE BOUCAUT, aged 24 years, married twenty-three months, was prematurely taken in labour, on the 21st April, 1831, at 6 o'clock in the evening, at the seventh month of pregnancy, and was delivered of a male child; twelve hours thereafter she gave birth to a second, then to a third, and immediately afterwards to a fourth child, all of the male sex. The second birth was accompanied by a fresh discharge of liquor amnii. The two first and the last of the children were equal in size, and as large as usual for fœtuses of the seventh month. The third was smaller, about equal to the fœtus of the fifth month. The latter lived for some seconds, the three larger children for several hours.

There were two placentæ; one of these, attached to the upper of the right side of the uterus, had three cords; the other placenta connected with the uterus in the same situation, on the opposite side, had only one. The single placenta separated easily from the uterus; the other was firmly attached, and required to be removed by the hand. The patient was seriously ill for some time after her confinement, but, at the end of six weeks, was entirely recovered.—*M. Bourdois, Gaz. Med. de Paris.*

MR. MAY'S CASE OF TRANSFUSION.

To the Editor of THE LANCET.

SIR:—I beg to be permitted to ask Mr. George May, who reported "a successful case of transfusion," two questions, through the medium of your valuable columns. I ask them, in a practical point of view only—

1st. Why, when the fœtus was expelled, and the placenta supposed to be partially attached to the "posterior labium of the os uteri," and "partially extruded," was its expulsion left to the powers of nature for thirteen hours, such serious hæmorrhage having already taken place?

2nd. Is it not the duty of the practitioner, when hæmorrhage does take place, and adhesion of the placenta is known, or supposed to exist, to assist nature *by its removal*? I am, Sir, yours, &c.

A SURGEON.

Weymouth, Sept. 16, 1840.

INQUESTS IN SURREY.

To the Editor of THE LANCET.

SIR:—Reading in last Saturday's LANCET a very able letter from Mr. Bottomley, on the importance of obtaining medical evidence at inquests, and entirely agreeing with him, that inquests will become mere forms, unless proper evidence is obtained; and the only means of putting a stop to such proceedings being the publication of all such cases as come to the knowledge of medical men, I beg leave to send you for insertion in your valuable publication, a case that occurred in my neighbourhood a short time since.

I was called, on the 3d inst., to see a woman who had expired suddenly about a minute previous to my visit, and who had enjoyed good health and spirits to within an hour or two of her decease. An inquest (?) was held on the 5th, and, after a brief examination of one or two persons, the jury returned a verdict of "Natural death by a fit of apoplexy," without any medical evidence or medical inspection of the body. Now, Sir, it never could have been intended that coroners should hold inquests without inquiring, or, if so, then does one of the most valuable institutions of this country little answer the purpose for which it was designed. I am, Sir, your obedient servant,

JOHN R. UNWIN.

North Brixton, Sept. 15, 1840.

WHAT IS TO BE DONE IN THE CASE OF CHOKING?

To the Editor of THE LANCET.

SIR:—I see in the public papers an account of several inquests on children who have been suffocated by attempting to swallow improper articles, or too large portions, of food. In one case it was the head of a shrimp; in another, a bit (qy. a piece) of beef.

Not the least intimation has been made of what is proper to be done on such an emergency, and yet a minute must not be lost!

There is no probang present; the fingers cannot reach the seat of suffocation. What is to be done?

On a recent occasion my own son was violently, fearfully, choked during dinner. I knew not what he had swallowed, but I seized him, gave him a violent blow on the chest with the flat of my hand, and the offending morsel was cast with equal violence upon the floor, and all was well! I am, Sir, your obedient servant,

PHILALETHES.

Oct. 5, 1840.

P.S.—Had this measure not succeeded, I should have passed my finger over the fauces, so as to induce vomiting.

NOTE FROM MR. GAY.

To the Editor of THE LANCET.

SIR:—I have noticed in your Journal of Saturday last, certain comments on a paragraph referring to myself, *alleged* to have appeared in the "advertising columns" of the "Morning Herald."

I beg, Sir, in the most direct and unequivocal manner to deny *any previous knowledge of, or connection with, the publication of the* paragraph in question. I trust that your usual impartiality will, upon the foregoing avowal, induce you to correct the impression which the article in THE LANCET is calculated to make. I have the honour to remain, Sir, your obedient servant,

JOHN GAY.

12, Pavement, Finsbury, Oct. 7, 1840.

*** The disclaimer preserves to Mr. GAY the character and reputation which should belong to a member of a scientific profession. The paragraph did not appear amongst the *avowed* advertisements of the newspaper. The word "advertising" was used as a generic term.

DISSECTING ROOMS.—A correspondent suggests to medical students visiting London, to enter to the schools, to be on their guard against attacks of pneumonia or bronchitis, from the coldness or dampness of comfortless dissecting-rooms, and to stipulate for as much cleanliness in them as can be reasonably demanded; and a proper supply of soap, water, and clean towels, or the means of using them in those places.

TO CORRESPONDENTS.

How can *Mr. Jenks* ask such a question as he puts, in relation to a Bill which he has no reason to believe will become law?

It would be superfluous to add to the discredit of *Mr. Gray's* coarse professional brother, by giving the open-air termination of the affair.

Mr. Gray writes that, "Hannah Challis, the young woman referred to in his letter last week, has in great measure regained the use of her hand, and that at his last visit he learned with pleasure that she had spent the previous evening in using her needle."

A notice of the observation made in reply to Mr. Philbrick has been received from *Mr. Bn. Bateman.* It does not, however, affect the points on which our opinion was asked, and given in this place; but relates to reasons why, it is alleged, no arrangement could have been entered into with the proposed purchaser of the practice. No further remark on the subject can appear in any part of our columns.

Would a *Student of Æsculapius* be good enough to favour us with a call at his earliest leisure.